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COVER LETTER

		on Section of Corporations		
eun ucc	K&M	General Investments, LLC		
SUBJEC	.1:	Name of L	imited Liability Company	
		les of Amendment and fee(s) are s	_	
Please re	tum all coi	rrespondence concerning this matt	er to the following:	
		Mrs. Beatriz Banobre M	ora	
		- 	Name of Person	
		K&M General Investme	nts LLC	
			Firm/Company	
		13506 Summerport Villa	age Pkwy. Suite 152	
			Address	
		Windermere, Florida, 34	3786	
			City/State and Zip Code	
		KMGITRUCKS@gmail. E-mail address	com : (to be used for future annual report noti	fication)
For furthe	er informa	tion concerning this matter, please	•	,
Mrs. Bea	ıtriz Banot	ore Mora	407 6405271 at ()	
	N	ame of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check	for the following amount:		
≡ \$25.0	00 Filing F	Cee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
				QK# 120

Mailing Address: Registration Section

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

K&M General Investments LLC

2022 MAY 13 PM 1: 37

ed Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.	ALAHASSEE EN
ability Company	were filed on 02/26	5/2015	and assigned
owing:			
the limited liab	ility company here	; :	
ords "Limited Liabi	lity Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
able:			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
BOX)	N/A		
egistered office	address on our reco	ords, enter the na	ame of the new regis
		,	
N/A			
Ν/Δ			
	Enter Florida	stront address	
	Zmer i norma	Sireer address	
		, Florida _	<u>.</u>
	City		Zip Code
Registered Agent:			
	City	, Florida _	Zip Code
	tability Company owing: I the limited liab ords "Limited Liabi able: IT ADDRESS) BOX) egistered office as here:	iability Company were filed on	The limited liability company here: Fords "Limited Liability Company," the designation "LLC" or the sable: TADDRESS) N/A N/A Enter Florida street address Florida

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Miguel Mora Copa	13506 SUMMERPORT VILLAGE PKWY. 152	□Add
			■Remove
			Change
MGR	Kiríl Milanov Miłanov	13506 SUMMERPORT VILLAGE PKWY. 152	🗆 Add
			\begin{align*} \b
			Change
MGR	Beatriz Banobre Mora	13506 SUMMERPORT VILLAGE PKWY. 152	≣Add
			□Remove
			□Change
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etive date, if other than the date of filing: _ effective date is listed, the date must be specific and car . If the date inserted in this block does not meet ment's effective date on the Department of State ord specifies a delayed effective date, but not an filed.	t the applicabe's records.	de statutory fi	ling requir	90 days afte ements, thi	s date	will not	be liste
May 07	2022						
Mary or		. ·					
Signature of a mem	ber or authori	zed representat	ve of a men	iber			
Miguel Mora Copa							