L15000035800

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SECRETARY OF STATE
TALLAHOSSEE E

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COVER LETTER

TO: Registra Division	ition Sec of Corp					
	M GENI	RAL INVESTMENTS, LLC	•			
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed Arti	icles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all c	orrespon	dence concerning this matter	to the following:			
		Miguel Mora Copa				
			Name of Person			
		K&M GENERAL INVES	TMENTS, LLC			
			Firm/Company			
		13506 Summerport Villag	e Pkwy			S m
			Address			- PALL CRE
		Windermere Fl. 34786				SECRETARY OF T
			City/State and Zip C	ode		
		miguelmoracopal@gmail.c E-mail address: (to be used for future am	nual report notific	ation)	OF STATI
For further inform	nation co	ncerning this matter, please c		·		VIE
Miguel Mora Cop	pa		407	202-1348		
	Name of	Person	at () Area Code	Daytime 1	Telephone Number	
Enclosed is a chec	ck for the	following amount:				
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing 1 Certified Copy (additional copy)	y	S60,00 Filin Certificate of Certified Co (additional co)	of Status &
	ation Se		Reg	et Address: istration Section of Corporation		
P.O. Bo	ox 6327	•	The	Centre of Tal		,
i attaha	issee. F	L 32314	2413	J. IV. IVIOHIOE	Succi, Suite of U	į.

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&M GENERAL INVESTMENTS, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number $\frac{L15000035800}{L15000035800}$.	npany were filed on 02/26/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 AUG 20 1 SECRETALLY (
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	Circ	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BANOBRE MORA, BEATRIZ	13506 SUMMERPORT VILLAGE PKWY 152 WIN	D _ 🗆 Add
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			_ DChange
			_ □Add
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ffective date, if other t	han the date of fi	iling:		(opt	tional)	40.5.00.0 .
an effective date is listed, the lote: If the date inserted incument's effective date	in this block does n	ot meet the appli	cable statutory fil	ing requirements, th	is date will not be	listed as
record specifies a delayed Lis filed.	l effective date, but	not an effective	time, at 12:01 a.n	a, on the earlier of: (b) The 90th day a	ifter the
August 22nd		2024	A /			
			/			

Typed or printed name of signee