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(ке	questor's Name)	
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J. Shivers MAY 0 5 2015

COVER LETTER

TO: Registration Section Division of Corporati	ons ·	er er en en en er en	
SUBJECT: KMS 7	Ansportation Name of Limite	L C C d Liability Company	
The enclosed Articles of Amen	dment and fee(s) are subm	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
	Ceo	Vic Jbutler Name of Person	
_	KM6 7	ransportation LLC Firm/Company	
	16950 Wes	+ Dixie Hwy # 320 Address)
_	North Mi	am, beach, Florida City/State and Zip Code	33160
_	Cedric E-mail address: (to	but/ereyshoo.com be used for future annual report notificat	aion)
For further information concern	ning this matter, please call	:	
Cedric J Butle Name of Perso	n	at (<u>347</u>) 988-46 3 Area Code Daytime Te	? / elephone Number
Enclosed is a check for the folia	owing amount:		
№ \$25.00 Filing Fee	\$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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L/500070272</u> .	, ,	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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	200 (200) 200 (200) 200 (200) 200 (200)	5
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	d recorded
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B. If amending the registered agent and/or registered office address	ss on our records, enter the name	of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	er Florida street address	<u>_</u> _
	, Florida	
City	Zip Code	<u> </u>

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 Changing Registered Agent, Signature of New Registered Agent

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AL	Emma J butler	2265 West & Court Apt 8	□ Add
		2265 West & Court Apt 8 Hialeah, Florida 32010	X Remove
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			□ Remove
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ffective date, if other that an effective date is listed, the dote: If the date inserted in occument's effective date or	late must be specific and ca this block does not mee	nnot be prior to date et the applicable s	e of filing or more that statutory filing requ	(optional an 90 days after filing uirements, this date	() Pursuant	တ္ မွန်05.02 Plisted
e record specifies a de The 90th day after th		e, but not an	effective time,	at 12:01 a.m.	on the	earlier
ated April 24	,	2015				
	Cedu Signature of a mer	butt mber of authorized	representative of a n	nember		

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Filing Fee: \$25.00