## 16000127170

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,
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## **COVER LETTER**

Div	ision of Corp	porations				
SUBJECT:	KML Busin	ess Solutions, LLC				
SUBJECT.		Name of Limi	ited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Ed Tsuji				
			Name of Person			
	MyCompanyWorks, Inc.					
			Firm/Company			
	187 E. Warm Springs Rd., Ste. B					
			Address			
	Las Vegas, NV 89119  City/State and Zip Code					
		orders@mycompanyworks.com				
		E-mail address: ()	to be used for future annual report notifi	(cation)		
For further in	nformation co	oncerning this matter, please ca	all:			
Ed Tsuji			702 362-2677			
	Name of	Person		Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

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

KML Business Solutions, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I	Liability Company	were filed on 07/5/2016	and assigned		
Florida document number L16000127170					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
KML Tax Solutions LLC					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		5310 26th Street West, Unit 2501			
Principal office address MUST BE A STRE	ET ADDRESS)	Bradenton, FL 34207			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		5310 26th Street West, Unit 2501 Bradenton, FL 34207			
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	5310 26th Stree	ffice address on our records, ee: et West, Unit 2501  Enter Florida street address	nter Theoname of the ne		
	Bradenton	, Florid	a 312207		
		City —	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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kristina Leitz	5310 26th Street West, Unit 2501	
		Bradenton, FL 34207	Add .
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			■ Change
		<del></del>	Add
			Remove
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	···	···	·			
E. Effective date, if other than the (If an effective date is listed, the date in	he date of filing:	annat ha naine te di	C C 1:	(opti	ional)	
Note: If the date inserted in this document's effective date on the	block does not me	et the applicable	statutory filing r	equirements, thi	r ning.) Pursuan is date will not	t to 605.0207 (3)(b be listed as the
f the record specifies a delayed b) The 90th day after the re	ed effective da ecord is filed.	te, but not ar	n effective tim	ne, at 12:01	a.m. on the	earlier of:
October 28		2019				
1/1	-P',	 				
Zustina	- /ex	<del></del>				
	Signature of a me	mber or authorize	d representative of	a member		_
Kristina Leitz, Membe	er .					

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Typed or printed name of signee

Filing Fee: \$25.00