# 117000219762

(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
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### **COVER LETTER**

TO:	Registration Se Division of Cor			1
SUBJE	KMS187 L	LC .		
		Name of Lin	nited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kathleen Marie Smith		
			Name of Person	<del></del>
		KMS187 LLC		
			Firm/Company	<del></del>
		3622 NW. 39th. Pl.		
			Address	
		Gainesville FL. 32605		
			City/State and Zip Code	<del></del> _
		kat@totalkms.com		
			to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Kathle	en M. Smith		352 494-8583 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

KMS187 LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on 10/24/2017	and assigned
lorida document number L17000219762		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS	S)	
		18 18
		SION APR
nter new mailing address, if applicable:		R OFF
Mailing address MAY BE A POST OFFICE BOX)		- COF
		- <del>1</del> 20 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
		** ***********************************
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		<u> </u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	···
	Citv	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>	<u>Address</u>	Type of Action
AMBR	Carl Lee Smith	3622 NW. 39th. Pl. Gainesville, FL	□ Add
			Remove
			□ Change
<del></del>		<del> </del>	□ Add
			□ Remove
			☐ Change
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	APR 30
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rective date, if other than the date of filing:n effective date is listed, the date must be specific and cannot be prior to date of	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020
ste: If the date inserted in this block does not meet the applicable stacument's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier (
ted 25th. day of April , 2018	
Kathleen Mari Smith Signature of a member or authorized re	presentative of a member

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Filing Fee: \$25.00