

L18 000075421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

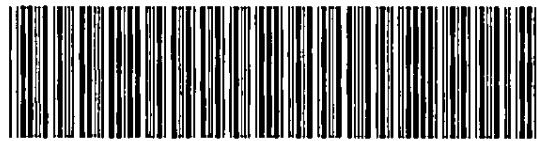
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 JAN 21 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FL

JAN 21 2021
O SIMMONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2021

KRISTY COLON
7721 NW 6 CT
PEMBROKE PINES, FL 33024

SUBJECT: KMC MANAGEMENT LLC
Ref. Number: L18000075421

We have received your document for KMC MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 521A00001222

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KMC Management LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlon Colon
Name of Person

Firm Company

15520 Orange Blvd
Address

Loxahatchee, FL 33470
City, State and Zip Code

marlon6994@gmail.com
E-mail address (to be used for future annual report notifications)

For further information concerning this matter, please call

Marlon Colon at 954 243-8215
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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 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

2021 JAN 21 AM 11:24

KMC Management LLC STATE OF FLORIDA
Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company.)

The Articles of Organization for this Limited Liability Company were filed on 3-23-18 and assigned
Florida document number L180000075421

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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)

15520 Orange Blvd
Loxahatchee, FL 33470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15520 Orange Blvd
Loxahatchee, FL 33470

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kristy Colon

New Registered Office Address:

15520 Orange Blvd

Enter Florida street address

Loxahatchee

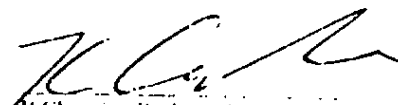
City

Florida 33470

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

2021 JAN 21 AM 11:23

Title	Name	Address	Type of Action
P	Marlon Colon	ECONOMIC DEVELOPMENT TALLAHASSEE, FL 15520 Orange Blvd Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FL

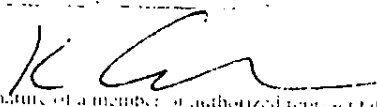
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated _____


Signature of a member or authorized representative of a member

Kristy Colon
Typed or printed name of signee

Filing Fee: \$25.00