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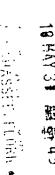
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# **COVER LETTER**

Division of Corporations
SUBJECT: XYM ENTER PRISE LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Martin Rodriguez Name of Person
KYM ENTERPRISE LLC.
4533 Vospasian (t.
Lake Worth FL. 33463  City/State and Zip Code
E-mail address: (to be used for future annual report matification)
For further information concerning this matter, please call:
Martin Rodriguez at (561) 268-4621  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 Tallahassec, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NYM FNITED DOISE 111

(Name of the Limited Liability Comp (A Florida Limited		<u>is.</u> )
The Articles of Organization for this Limited Liability Compan Florida document number <u>L [8000 98 9</u> 2 2	y were filed on April 10	7 , 2018 and assigned
Florida document number <u>L [80000 10 9</u> 22		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	or the abbreviation **L.C."
Enter new principal offices address, if applicable:		TV.
(Principal office address MUST BE A STREET ADDRESS)		355 6
(Frincipal Office address MOST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office oddrove on our records	c outer the name of the non
registered agent and/or the new registered office address he		s, enter the name of the new
registered upon units of the new registered of the uddress ne	<del></del> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	C.
	F).	orida
***************************************	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	Membe

<u>Title</u>	Name	Address	Type of Action
MGR	Martin J. Rodriguez	4533 Vespasian Ct	🖸 Add
	J	4533 Vespasian Ct. Lake Wolth Fl. 33463	□ Remove
			Adđ
			□ Remove
			Change
			<b>□</b> Add
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Page 3 of 3

Filing Fee: \$25.00