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(R	equestor's Name)	-
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	KM INVES	TMENT GROUP FL LLC		
oonane.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		·	Name of Person	
		KM INVESTMENT GRO	UP FL LLC	
			Firm/Company	
		1001 N FEDERAL HIGH	WAY #317	
			Address	
		HALLANDALE, FL 3300	9	
			City/State and Zip Code	
		delberg@octagontax.com	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	·	Callyary
ELI TAL	\		954 955-0510 at ()	
	Name of	Person	Area Code Daytime	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

KM INVESTMENT GROUP FL LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 04/26/2018 Clorida document number L18000105193		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	3 V
		NUC I
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- Bush
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cuy	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ERAN SHEMESH	700 Park Ave, Elizabeth, NJ 07208	₽ Add
			Remove
			Change
			Add
			☐ Remove
			Change
		 	
			□ Remove
			Change
			
			Remove
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ective date, if other than n effective date is listed, the date te: If the date inserted in the cument's effective date on the	e must be specific and cannot his block does not meet the	applicable statutory		filing.) Pursuant to 605.02
record specifies a delater the	ayed effective date, b record is filed.	out not an effecti	ve time, at 12:01 a	.m. on the earlier
$\frac{53N}{}$) <u> </u>	·		
$\mathcal{N} = \mathcal{N}$				
<u> </u>	Signature of a member			

Page 3 of 3

Filing Fee: \$25.00