C18000112443

(Red	questor's Name)	
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(City	y/State/Zip/Phone	÷#)
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COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: KPM	SUPPLY U	SA LLC		
	N	lame of Limited Liabi	lity Company	
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s) a	re submitted for filing		
Please return all correspo	ondence concerning this m	natter to the following		
ANA L FEF	RREIRA			
	Name of Person			
Anas Acco	unting Svcs	Corp		
Firm/Company				
100 Wallac	e Ave Ste 2	245		
	Address	1, .		
Sarasota, F	FL 34237			
C	ity/State and Zip Code			
ana@anasaccountingservices.c				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ana L Ferr	eira	941	870-3400	
Name o	f Person	Area Code	Daytime Telephone Number	
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	ircle	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	
Enclosed is a check for	the following amount:			
■ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy	
CR2E062 (9/15)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: KPM SUPLY USA LLC The Florida Document number of the limited liability company is: L18000112443 SECOND: Document to be corrected is: Name of Partner THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name of MGRM Mr. Elizerio J Kranz was written with "S", Please Correct name as: Elizerio J Kranz <u>OR</u> \Box Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective.

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

Estern J KMAZ
Signature of Authorized Representative

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Regis/ered Agent's Signature

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)