Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MM PERFORMANCE SOLUTIONS LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MM Performance Solutions LLC		
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number L18000187123		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
KMCC Design Co. LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST 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 address here:	ess on our records, <u>enter the name of</u>	the new registered
Name of New Registered Agent:		202:
New Registered Office Address:		Ē
New Neglistered Office Address.	Enter Florida street address	2
	Florida	
	City Zi	p Codé*
New Registered Agent's Signature, if changing Registered Agent:		0.8
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfe		comply with the

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			Change
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an effective ote: If the	date inserted in this bl	st be specific and cannot be	ipplicable statutory	or more than 90 days after filing requirements, thi	onal) filing.) Pursuant to 605.0207 s date will not be listed as
record spec is filed.	cifies a delayed effectiv	e date, but not an effect	tive time, at 12:01 a	.m. on the earlier of: (b	The 90th day after the
ated	May 12	. 202			
		Signature of a member or	- Smith		
		7.1. 1			
_		Signature of a member or	authorized represent	ative of a member	

Filing Fee: \$25.00