

118000263157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

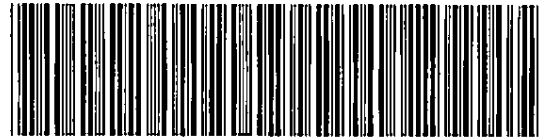
(Business Entity Name)

(Document Number)

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01/22/19--01041--014 \*\*50.00

FILED  
2019 JAN 22 A 1:00  
FALLAH ASSOCIATES, LLC

1/29/19 ac

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kmc Insurance 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:

Eduardo Cruz  
Name of Person

\_\_\_\_\_  
Firm/Company

21001 Pines BLVD PO BOX 298574  
Address

Pembroke Pines FL 33029  
City/State and Zip Code

Edk56@hotmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
2019 JAN 25 1:00  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Luisa Polanco at (786) 209-8956  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**  
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**

Kmc Insurance LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2018 JAN 2 A 1:00  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/09/2018 and assigned

Florida document number L18000263157.

This amendment is submitted to amend the following:

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

KMC Insurance L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1806 W. Flamingo Rd #336  
Pembroke Pines FL 33028

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

Name of New Registered Agent:

Eduardo Cruz

New Registered Office Address:

19449 SW 29 C

Enter Florida street address

Pembroke Pines

City

Florida 33028

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.*

Eduardo Cruz

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo Cruz	19449 Sw 29 ct	<input checked="" type="checkbox"/> Add
		Miramar FL. 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luisa Polanco	14106 Sw 32 St	<input checked="" type="checkbox"/> Add
		Miramar FL. 33028	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2019 JAN 22  
11:00  
TALLAHASSEE, FL 32309

2019 JAN 22 A 1:00  
FALL AIR FORCE FLOWING

FILED  
2019 JAN 22 A 1:00  
FALL ARI ASSOCI. FLORENCE

(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)

Dated 1/18 2019

Eduardo Cruz

Signature of a member or authorized representative of a member

Eduardo Cruz

Typed or printed name of signee