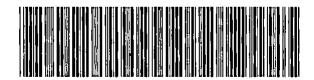
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## **COVER LETTER**

Division of Cor				
SUBJECT:	KM Person	onal Loan Veited Liability Company	ntires LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Keven	Name of Person		
	P. D.	Firm/Company 130X 10825	 28	
	Drland	Address  O PL 328U  City/State and Zip Code		
	VEVENS) E-mail address:	USEPH QUAN CO to be used for future annual report noti		
For further information c	oncerning this matter, please co	all:	₩ 20	į.
Keven Name o	Moinius of Person	at ( <u>720</u> ) <u>338-</u> Area Code Daytins	PER SECULAR SE	
Enclosed is a check for t	he following amount:		,	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 Person	al Loan Ventures L	LC
( <u>Name of the Limited I</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on SUND).	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the KM BSS Venture.  The new name must be distinguishable and contain the word	es LLC	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET)	1DDRESS)	
Enter new mailing address, if applicable:		2019 JUN SECOLET
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	20
B. If amending the registered agent and/or registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florie	đa
-	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 Member

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00