(Address) (Address)	_   40033	400338667794		
(City/State/Zip/Phone #)		01018002 **25.00		
(Business Entity Name) (Document Number)	_	2020 JAN		
ied Copies Certificates of Status	S TALLEIT FEB - 3 223	6 PH		
cial Instructions to Filing Officer:	FEB - 3 223			

TO: **Registration Section Division of Corporations** 

SUBJECT: KMK Central Florid

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following

Katherine Ngo Duong

Fum Company

P. D. BOX 272744 Address

TAMPA, FL 33688 City State and Zip Code

LANA DUONGKTB @ 9mail . Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

at (8/3) 786 - 4232 Area Code Dayume Telephone Number LANA DUONG Name of Person

Enclosed is a check for the following amount:

IS25 00 Filing Fee

ļ

□ \$30.00 Filing Fee & Certificate of Status 🗔 \$55.00 Filing Fee & Centified Copy (additional copy is enclosed). 🗁 \$60.00 Filmg Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMK Central Floriday 12C (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>12/16/2019</u> and assigned Florida document number <u>1,19000305540</u>.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	202
		JA T
Enter new mailing address, if applicable:	N_A	
(Mailing address MAY BE A POST OFFICE BOX)		المنتخب المساب الي
		<u> </u>

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:		
New Registered Office Address:		
	Enter Florida street ad	idresz
		. Florida
	С:э	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 amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			∃Add
			□Remove
			IChange
			□Add
			ERemove
		/	🗆 Change
<del></del>		/	□Add
			IRemove
	/	/	□ Change
	/		🖸 Add
			□Remove
			IChange
			Add
			□Rепюче
			□ Change
	/	••••••••••••••••••••••••••••••••••••••	□Add
			ERemove
			I Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary))

XIA		·		**************************************
			 ·····	
·····			 	
	,  ,	<u> </u>		
<u></u>		·····	 	· · · · ·

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed