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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: EKM	Ecnterorises U	l.C	
Souther. State	Name of Lim	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Elysel</u>	Morin Name of Person	
		Name of Letson	
	E.K.M	Firm/Company	<u>. </u>
		Time Company	
	1800 n Co	Mayess Aye Apt	Pold
) Made 53	
	West Palm Br	City/State and Zip Code	····
		ES+nehacland Special to be used for future annual report notin	
	E-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Elyce Mo.	\u\\	at (<u>'5\(\)</u> 92\(\)- \(\) Area Code Daytim	5524
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	/		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailian Address		Chunna A diduces	
Mailing Address Registration S	ection	Street Address: Registration Sec	
Division of Co P.O. Box 6321		Division of Cor The Centre of T	
Tallahassee, F	L 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

t.K.M. EerHerprises 1	<u>uc</u>
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200118727</u> .	were filed on Man 1st 220 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	707
	<u></u>
Enter new mailing address, if applicable:	&
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	5.0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter rioriaa street aaaress
	, Florida
	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 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
<u>MGr</u>	Elyse Morin	1800 n congress Ave	
		West Palm Beach F	C, 3340 PRemove
			□Change
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lf an eff Note:	ve date, if other than the date of filing:
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``\	05/5/20
Dated	Signature of a member or authorized representative of a member
	- Ctyp/
	Signature of a member/or authorized representative of a member
	,

Filing Fee: \$25.00