## 120000344133

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |





800419064498

11/27/28-+01025--011 \*\*25.00



1 12/12/2023

## COVER LETTER

| TO: Registration Sc<br>Division of Cor   |  |   |  |
|--|--|---|--|
| SUBJECT:   | Kom Holdin                                   | SS LKC  |  |
|  | Name of Lin                                  | nited Liability Company   |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please return all correspo   | ndence concerning this matter                | to the following:   |  |
|  | Keith M                                      | McNai R   |  |
|  |  |   |  |
|  | KGM Ho.                                      | Idings LLC  |  |
|  |  | 'Firm/Company   |  |
|  | 128 N Gra                                    | 154   |  |
|  |  | Address   |  |
|  | Millen GA                                    | 30442   |  |
|  |  | City/State and Zip Code   | ·  |
|  | /(gm Jax                                     | a smail.com   | Service)   |
| For firster information of   |  |   | rication)  |
|  | -  |   |  |
| Keith M  | Covaire                                      | at (904_)34   | 13-4696  |
| Name of  | Person                                       | Area Code Daytim  | e Telephone Number   |
| SUBJECT: Klem Holdings LVC  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:    Leith McNair   Name of Person   Klem Holdings LVC     Firm/Company   138 W Craf St     Address     Address     Hilen GA 3044 3     City/State and Zip Code     (Lgm Jax & gmail Com     E-mail address: (to be dised for future annual report notification)  For further information concerning this matter, please call:   Leith McNair     Name of Person   at (94)     Area Code   Daytime Telephone Number     Enclosed is a check for the following amount:   Cs25.00 Filing Fee   \$30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee. |  |   |  |
| \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(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, 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

2023 MOV 27 PH 5: 43

| KEM HOLDINGS L   | +C   |                                | 1                     |
|--|--|--------------------------------|-----------------------|
| (Name of the Limited Liab<br>(A Flori  | ility Company as it now appears<br>da Limited Liability Company) | on our records.)               |                       |
| The Articles of Organization for this Limited Liability Florida document number <u>L2000034413</u>   | Company were filed on  | 10-29-2020                     | and assigned          |
| This amendment is submitted to amend the following:  |  |                                |                       |
| A. If amending name, enter the new name of the line of |  | <del>_</del>                   |                       |
| The new name must be distinguishable and contain the words "Li   | mited Liability Company," the de                                 | signation "LLC" or the abbre   | viation "L.L.C."      |
| Enter new principal offices address, if applicable:  | <del></del>  | ·                              |                       |
| (Principal office address MUST BE A STREET ADD   | (RESS)   |                                | ···                   |
|  |  |                                |                       |
|  |  |                                | <del></del>           |
| Enter new mailing address, if applicable:  |  |                                |                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                |                       |
|  | <del></del> -  |                                |                       |
|  |  |                                |                       |
| B. If amending the registered agent and/or register agent and/or the new registered office address here  | ed office address on our rec                                     | cords, <u>enter the name o</u> | of the new registered |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · ·                            |                                |                       |
| New Registered Office Address:   |  |                                |                       |
|  | Enter Florid   | a street address               |                       |
|  |  | , 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 |

| Title       | <u>Name</u> | Address | Type of Action |
|-------------|-------------|---------|----------------|
| <del></del> |             |         | 🗆 Add          |
|             |             |         | □ Remove       |
|             |             |         |                |
|             |             |         | □Add           |
|             |             | -       | □Remove        |
|             |             | •       | Change         |
|             |             |         | □Ađd           |
|             |             |         | ПRеточе        |
|             |             |         | ☐ Change       |
|             |             |         | 🗀 Add          |
|             |             |         | □Remove        |
|             |             |         | [] Change      |
|             |             |         | □Add           |
|             |             |         | □ Remove       |
|             |             |         | □Change        |
| <del></del> |             |         | □Add           |
|             |             |         | Remove         |
|             |             |         |                |

| _                           |  |                  |
|-----------------------------|--|------------------|
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
| <del></del>                 |  |                  |
| If an effecti<br>Note: If a | date, if other than the date of filing:  | )207 -<br>d as t |
| e record s<br>rd is filed.  | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to | the              |
| Dated                       | 11-7-2023  |                  |
|                             | Signature of a member or authorized representative of a member   |                  |
|                             | Signature of a member or authorized consumptative of a member  |                  |
|                             | 1/0.74 Mande P   |                  |