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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

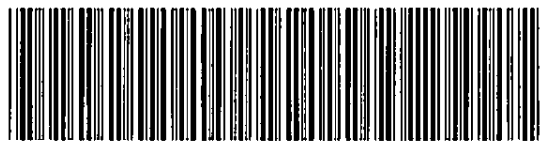
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KM ENTERPRISES 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:

Julie Negovan, Esq.

Name of Person

Negovan Law, LLC

Firm/Company

7101 W. Commercial Blvd, Suite 4B

Address

Tamarac, FL 33319

City/State and Zip Code

julie.negovan@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Negovan, Esq.

215

431-9295

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

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

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**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>
MBR	David Lorfilis Marcellus	1902 NW 184th Terrace	<input type="checkbox"/> Add
		Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Kimberly Marcellus	75 NE 154 ST	<input type="checkbox"/> Add
		Miami, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Ketsia Marcellus	75 NE 154 Street	<input type="checkbox"/> Add
		Miami, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kitt Marcellus, Individually	15383 NE 1st Court	<input type="checkbox"/> Add
		Miami, Florida 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kitt Marcellus, Trustee of the Kitt Marcellus Family Trust dated July 7, 2023	15383 NE 1st Court	<input checked="" type="checkbox"/> Add
		Miami FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated March, 2024

Amos 10

Signature of a member or authorized representative of a member

Kitt Marcellus, Manager

Typed or printed name of signee

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