

To: +18506176383

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2021-12-17 14:21 GMT

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From: Monahan Mijares CPA Monahan Mijares CPA

12/17/21 10:01 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA
Account Number : 120050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KMT WORLDWIDE LLC

Certificate of Status	0
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Page Count	04
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KMT WORLDWIDE 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:

Damarys Sandoval

Name of Person

Monahan Mijares CPA, PA

Firm/Company

75 Valencia Ave Suite 703

Address

Coral Gables, FL 33134

City/State and Zip Code

damarys.sandoval@monahanmijares.com

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

For further information concerning this matter, please call:

Damarys Sandoval

786

445-5772

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMT WORLDWIDE LLC

(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 November 05, 2021 and assigned
Florida document number L21000479193.

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 "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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 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~~ 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

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TALLAHASSEE, FLORIDA

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>
MGR	EMILIUSKA DOMINGUEZ	6120 NW 116TH PL UNIT 416 DORAL, FL 33178	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAMARYS SANDOVAL	6120 NW 116TH PL UNIT 416 DORAL, FL 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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