122000055386

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T. MATTHEWS MAY 3 1 2022

COVER LETTER

то:	Registration Sec Division of Corp		• •	•		
emb ii	KMC Reálty	v Services, LLC				
SUBJE			ited Liability Company			
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspoi	ndence concerning this matter	to the following:			
		Karla M. Colon				
		-	Name of Person			
		KMC Realty Services, LLC				
			Firm/Company			
		255 S Orange Avenue, Suit	te 104 #1134			
			Address			
		Orlando, Florida 32801				
			City/State and Zip Code			
		kmcrealtyservices@gmail.com				
		E-mail address; (t	to be used for future annual report notific	cation)		
For fur	ther information co	oncerning this matter, please ca	all:			
Karla I	M. Colon		407 985-0001 at ()			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e following amount:				
□ \$ 2.	5.00 Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION

OF 22 APR 19 AM 9: 49

KMC Realty Services, LLC			
(Name of the Lim	ited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited I Florida document number <u>L22000055386</u>	Liability Company were	filed on February 01.2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany." the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	<u> </u>	
Enter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		ss on our records, <u>enter the na</u>	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:	Office Address: 255 8 Orange Avenue, Suite 104 #1134		
		Enter Florida street address	
	Orlando	Florida	32801
		ity	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. Thereby 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>	Name	<u>Address</u>	Type of Action
MGR	Karla M. Colon	255 S Orange Avenue	□Add
		Suite 104 #1134	□Remove
		Orlando, Florida 32801	Change
			□Add
			□Remove
			□Change
			□Add
		<u>. </u>	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
12. 66	Gun dage of exhaustion about the FFF
Note:	tive date, if other than the date of filing:
the reco	rd 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 fled.
	04/14/2022
Dated	
	Signature of a member or authorized representative of a member
	Karla M. Colon
	Typed or printed name of signee

Filing Fee: \$25.00