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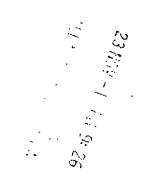
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Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KM REAL STATE INVESTMENT 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:
Michel Medina Name of Person
KM REAL STATE INVESTMENT LLC Firm/Company
622 ENCLAUE CIRCLE E
PEMBROKE PINES FL 33027 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michel Medina at (425) 7366574  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (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

ARTICLES OF ORGANIZATION OF
KM REAL STATE INVESTMENT 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 OCT 16 2023 and assigned Florida document number 623 000 41749.25
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
KMK REAL ESTATE MANA GEMENT LLC  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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Plouido

#### 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.

City

Zip Code

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>	Type of Action
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(If an effective date is I Note: If the date in	other than the date of fi isted, the date must be specific ascrted in this block does no we date on the Department	and cannot be prior to dat of meet the applicable s	c of filing or more than 9		
the record specifies a cord is filed.	delayed effective date, but	not an effective time, a	t 12:01 a.m. on the ea	rlier of: (b) The 90th da	y after the
Dated	10/26				
	Signature o	of a member or hydrorized	representative of a mem	ber	
		Medina Typed or printed nan			