

| (Re | questor's Name) | |
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| PICK-UP | WAIT . | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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DEPARTER OF SWEE

D. SCOTT FEB 9 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2017

FLORIDA FILING & SEARCH SERVICES INC

SUBJECT: KJM CAPITAL FUND I, LLC

Ref. Number: M15000001160



We have received your document for KJM CAPITAL FUND I, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 217A00002504

ease keep original file date.
Thanks!

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/7/17

NAME:

KJM CAPITAL TRANSPORTATION FUND LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: KJM Capital Fund I, LLC | |
| Name of Foreign Limited Liability | Company |
| Dear Sir or Madam: | |
| The enclosed application, certificate and fee(s) are submitted for fi | lling. |
| Please return all correspondence concerning this matter to the following | owing: |
| Steve Zagami | |
| Name of Person | |
| VPS | |
| Firm/Company | |
| | |
| 1 East Main St., Suite B | |
| Address | TAIS SEC |
| Middletown, DE 19709 | FI FILL |
| City/State and Zip Code | SAR 7 In |
| Steve@virtualparalegalservices.com | TASSEE FLORIDA |
| E-mail address: (to be used for future annual report notification) | |
| | 2 |
| For further information concerning this matter, please call: | |
| Steve Zagami at (508) | 105-1943 |
| | Daytime Telephone Number |
| Registration Section I Division of Corporations I Clifton Building I | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: \$\begin{align*} \begin{align*} \be | |

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appear | ars on the records of the Florida D | epartment of | | |
|--|---|---|---|-----------------|
| State: KJM Capital Fund I, LLC | | | | |
| Enter new principal office address, if applicable: | ; <u></u> | | | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | – |
| 2. The Florida document number of this limited I | liability company is: M15000 | 001160 | | _ |
| 3. Jurisdiction of its organization: Delaware | 9 | | | |
| 4. Date authorized to do business in Florida: 2/ | /12/2015 | | | <u>-</u> |
| SECTION II (5-9 complete only the applicable | | | | |
| 5. New name of the limited liability company: _ (mu | KJM Capital Transportat ust contain "Limited Liability Con | ion Fund, L | LC .," or "LLC | ") |
| (If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L. | nanaging members adopting the all | usiness in Flori ternate name. T | ida and attac he alternate | h a name |
| 6. If amending the registered agent and/or registe registered agent and/or the new registered office | ered officer address on our records address here: | , enter the nam | e of the new | 17 |
| Name of New Registered Agent: | | | <u> 돌</u> 음 | <u> </u> |
| New Registered Office Address: | | ···· | - SS | |
| | Enter Florida | Street Address | | > L |
| _ | City | , Florida | Zip Code | = - |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope and accept the obligations of my position as regidocument is being filed to merely reflect a chang liability company has been notified in writing of | Registered Agent: gent and agree to act in this capac er and complete performance of m istered agent as provided for in Cl ge in the registered office address, | ity. I further ag y duties, and I d apter 605, F.S. | ree to comp am familiar . Or, if this | ly with with |

| If the amendment ch | nanges person, title or capacity in | accordance with 605.0902 (1)(e), indicate that | change: |
|---------------------|---|---|------------------|
| tle/ Capacity | Name | Address | Type of Action |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | Add 5 |
| | | | Remover SSI O |
| | | | Remove |
| aforementioned amo | cate, if required: no more than 90 endment(s), duly authenticated by the law of which this entity is organized. | y the official having custody of records in the | |
| | Kenneth Meis | f the authorized representative | |

Filing Fee: \$25.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KJM CAPITAL FUND I,

LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"KJM CAPITAL TRANSPORTATION FUND, LLC" ON THE TWENTY-SECOND DAY

OF MARCH, A.D. 2016, AT 1:50 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILEU

17 FEB -7 MIN: 02

SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE



Authentication: 202006042

Date: 02-08-17

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