

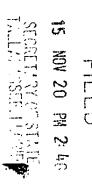
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LKM Corporation, LLC Name of Foreign Limited Liability Company	
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lynne Kralik Name of Person	
LKM Corporation, LLC	
200 2nd Ave 5 #140 Address	
St. Petersburg, Fl 33701 City/State and Zip Code Complete properties Florida Damail. com E-mail address: (to be lused for future annual report notification) 5	
Complete properties Florida Damail. Com E-mail address: (to be used for future annual report notification) 5	ί
For further information concerning this matter, please call:	
Lynne Kralik at (941) 356 - 7251 Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount: \$\times \text{\$25\$ Filing Fee} \tag{\$30\$ Filing Fee & \$\text{\$Certificate of Status}\$} \$\text{\$Certified Copy}\$\$ \$\text{Certified Copy} \text{\$60\$ Filing Fee, \$\text{\$Certified Copy}\$} \$\text{\$Certified Copy}\$\$	દ

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 appears on the records of the Florida Department of			
State: LKM Corporation, LLC.			
Enter new principal office address, if applicable:		_	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_	
2. The Florida document number of this limited liability company is:	15	-	
3. Jurisdiction of its organization: Nevada	: 55 : 13 : 5	<u>ن</u> 	
4. Date authorized to do business in Florida: OCTOBER 26, 2015		품	77
SECTION II (5-9 complete only the applicable changes)		20	[
5. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.,"	or "LLC		Ü
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida copy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	and attac alternate	h a name	
6. If amending the registered agent and/or registered officer address on our records, enter the name or registered agent and/or the new registered office address here:	f the new	• -	
Name of New Registered Agent:		_	
New Registered Office Address:		_	
Enter Florida Street Address			
, Florida	p Code	_	
2.17	, 0040		

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.

8. If the amendment changes person, title or capacity in ac	cordance with 605,0902 (1)(e), indicate that change:
	as managing member Ed smelted) Address Type of Action
Managarig <u>Lynne Kralik</u> Member	200 2nd Ave 5 # 140 XAdd
	St. Petersburg, F133701 Remove
	Add
	Remove
	Adda
	Reînòve
	Remove
	Add
	Remove
9. Attached is a certificate, if required: no more than 90 d aforementioned amendment(s), duly authenticated by t jurisdiction under the law of which this entity is organi	he official having custody of records in the
Lynne A	Knalik ed name of signee

Filing Fee: \$25.00







ROSS MILLER Secretary of State 204 North Carson Street, Suite 4 Carson City, Nevada 89701-4520 (775) 684-5708 Website: www.nvsos.gov

Articles of Organization Limited-Liability Company (PURSUANT TO NRS CHAPTER 86)

Document Number Filed in the office of 20140720729-74 Filing Date and Time 10/18/2014 12:23 PM Ross Miller Secretary of State Entity Number State of Nevada E0532202014-7

USE BLACK INK ONLY - DO	NOT HIGHLIGHT		ABOVE SPACE IS FOR OFFICE USE ONLY			
1. Name of Limited- Liability Company: (must contain approved limited-liability company wording; see instructions)	LKM CORPORATION, LLC		Check box if a Check box if a Series Limited- Liability Company Liability Company			
2. Registered Agent for Service of Process: (check only one box)	Commercial Registered Agent: THE Name Noncommercial Registered Agent (name and address below)	OF Office o	or Position with Entity and address below)			
	Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity					
	Street Address	City	Nevada =-1 Zp Code Nevada ≤=			
. <u></u>	Mailing Address (it different from street address		Zip Code			
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):					
4. Management: (required)	Company shall be managed by:	Маладег(s) OR (check only one box)	Member(s)			
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) LYNNE KRALIK Name 200 2ND AVE S. # 140		FL 33701			
	Street Address 2) EDWARD SMELTZ Name	ST PETERSBURG City	FL 33701 State Zip Code			
	200 2ND AVE S, # 140 Street Address 3)	ST PETERSBURG City	FL 33701 State Zip Code			
	Name Street Address	:. City	State Zip Code			
6. Effective Date and Time: (optional)	Effective Date:	Effective Time:				
7. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under pena that pursuant to NRS 239.330, it is a category C fe the Secretary of State. EVELYN LUNA Name					
	701 N GREEN VALLEY PKWY STE 20 Address	00 HENDERSON	NV 89074 State Zip Code			
8. Certificate of Acceptance of Appointment of	I hereby accept appointment as Regis X THE ENTITY COMPANY, LLC	stered Agent for the above na	med Entity. 10/18/2014			
Realstered Agent:	Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date					