## 107000126622

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(City/	State/Zip/Phone	e #)		
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SECRETARY OF STATE FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: MKV, LLC			
	(Name of Limi	ted Liability Company)	<del></del>
	mendment and fee(s) are sub-	_	
	BARRY C. AVERITT		
	AVERITE A CO. DA	(Name of Person)	
	AVERITT & CO., PA	(Firm/Company)	<del></del>
	3010 SOUTH THIRD	<del></del>	08 M
	JACKSONVILLE BE		1988年
For further information con-	cerning this matter, please ca	(City/State and Zip Code)	OB MAR OF AM IO: 54 SECRETARY OF STATE TALLAHASSEE FLORIDA
BARRY C. AVERITT	-	at ( 904 ) 998-8360	
(Name of F		(Area Code & Daytime	elephone 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)
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**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

MKV, 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 <u>DECEMBER 21, 2007</u> and assigned Florida document number <u>L07000126622</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  INTERNATIONAL MARINE AND INDUSTRIAL APPLICATORS, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abdreviate "L.L.C."
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
the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Attor Remove
			Add TREMOVE OF STATE
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	v.)
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Dated MAI			execute 45e
		Color or authorized representative of a member	tyresen jalise
	BARRY C. AVERITT	d or printed name of signee	

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Page 2 of 2

Filing Fee: \$25.00