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COVER LETTER

SUBJECT: MDK Ventures C.C.C
(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:
Kesin W. McCord (Name of Person)
MDK Ventures L.C.C
1180 Jacarada Blud
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Kevin W. McCord at (94) 497-2273 (Name of Person) (Area Code & Daytime Telephone Number)
(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

WDK C	lentures	L.L.C			
(Name of the Limited 1 (A)	liability Company as lorida Limited Liabili	it now appears on ty Company)	our records.)	· · · · · ·	0 0
The Articles of Organization for this Limited Lia Florida document number	bility Company were	e filed on 9/0	27/2001	and a	# -9
This amendment is submitted to amend the follow	wing:				OF STATE RPORATIO
A. If amending name, enter the new name of	the limited liability	company here:			ATE ATTIONS : 23
The new name must be distinguishable and end with "L.L.C."	the words "Limited L	iability Company,"	the designation "I	LLC" or the	abbreviation
Enter new principal offices address, if applica	ble:	1180	Jucara	nda	Blul.
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			. (20.)	·
	*******	Venice,	FC 3	4292	<u></u>
Enter new mailing address, if applicable:		1180 Ja	caranda	Blu)
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	Venice,	FC:	3429	2
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office :	address on our r	ecords, <u>enter t</u>	the name	of the new
Name of New Registered Agent:	Kevin	W. M	ccord		
New Registered Office Address:	1180		Ja Blu		
	1/2	(Enter F	Tlorida street add	_ ′	
	<u>Venice</u>	itv)	, Florida	SYAラ Zin Co	ode)
N 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		V /		(.	/

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 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 initied liability company has been notified in writing of this change.

(If Changing Registered Agent, <u>Signature of New Registered Agent)</u>

, 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 = Manager MGRM = Managing Member Title **Address** Type of Action <u>Name</u> Kevin W. McCord 3216 Puple Martin Dr. Michael S. McCord 23379 MGRM 2111 Galloway Terr. Add Remove Add ☐ Add **R**emove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 8008 Dated ignature of a member or authorized representative of a member . MC Cord Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

" 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 = Manager MGRM = Managing Member **Title Address Type of Action** <u>Name</u> _ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _, <u> 20</u>08 Dated JUME Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00