

L0400009/422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

**A. LUNT**

**JAN 29 2010**

**EXAMINER**

Office Use Only



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01/06/10--01033--013 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2010

TREVOR ROSENDAHL  
13820 ST. AUGUSTINE RD STE 113-290  
JACKSONVILLE, FL 32258

SUBJECT: COMPANION GROUP, LLC  
Ref. Number: L04000091422

We have received your document for COMPANION GROUP, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 610A00000512

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Companion Group, 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:

Trevor Rosendahl  
Name of Person

Nitelites of Northeast Florida  
Firm/Company

13820 St. Augustine Rd. Ste 113-290  
Address

Jacksonville, FL 32258  
City/State and Zip Code

trevor@nitelites.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trevor Rosendahl at 904 759-5443  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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)

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

Companion Group, 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 12/17/2004 and assigned  
Florida document number L04000091422

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MKCA FAMILY, LLC

The new name must be distinguishable and end with 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**)

13820 St. Augustine Rd.  
Suite 113-290  
Jacksonville, FL 32258

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

same

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:

Trevor Rosendall unchanged

New Registered Office Address:

same as above

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 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.

N/A

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 = Manager  
MGRM = Managing Member

N/A

Title	Name	Address	Type of Action
MGR	Trevor Rosendahl	713 Tonia Lane St. Augustine, FL 32095	<input checked="" type="checkbox"/> Add as MGR <input type="checkbox"/> Remove
MGRM	Paul Begley	2359 HAWKS TRACE LN. JACKSONVILLE, FL 32225	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Deacon Brown (if applicable)	169 N. River Dr. St. Augustine, FL 32095	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

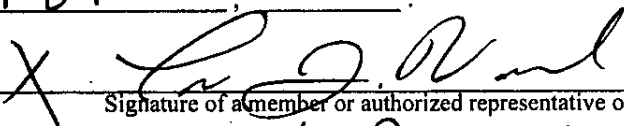
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SECRETARY OF STATE

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated 12-29-09

X   
Signature of a member or authorized representative of a member  
Trevor J. Rosendahl  
Typed or printed name of signee