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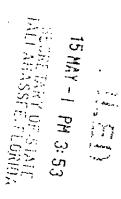
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# **COVER LETTER**

TO: Registration Division of C	Section Corporations		i.
SUBJECT:	M K R Name of Lim	VENTURES ited Liability Company	LLC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	KEU	Name of Person	LEN
	MKR VENT	URES, UC 160 Firm/Company	The Ups Store
	21301 5	. TAMIAMI TRL. Address	STE 320 PMB116
	ESTERO	FL 33928	
	Store E-mail address: (	City/State and Zip Code  3464 @ The up to be used for future annual report Jotis	SStore. Com
For further information	n concerning this matter, please ca	all:	
KEUIN Nam	C. COOLEN e of Person	at (239) 948 Area Code Daytime	7-1900 e Telephone Number
Enclosed is a check fo	r 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

MKKU	ENTURES, LO	<u>- C</u>	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our rec liability Company)	<u>ords.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>Hugus</u> 7	18, 2005 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	21301 S. TAM	iAmi TAL Sto 320 PMB 11	6
(Principal office address MUST BE A STREET ADDRESS)	ESTERO, FL	33928	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	THE URS STO 21 301 S.TA	one miami Tal Ste 320 fmB 11 L 33928	E
B. If amending the registered agent and/or registered of		***;	
registered agent and/or the new registered office address here	•		
Name of New Registered Agent: HE	vry C, Co	HENGEL	
New Registered Office Address: 9/10	STRADA I Enter Florida street add	PHENOS EMERIATO STE 620  Iress & W. Fry	0
N	APLES	Florida 38108	
	City	Florida 3 \$ 108  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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Type of Action** Address <u>Name</u> 9415 LABIANCO ST \_\_\_\_\_ Add KEUIN C. COOLEN MGR FORT MYERS, FL 33967 Remove \_\_\_\_Change RICHARD B. COOLEN AMBR 4753 ESTERO BLVD APT 1103 ☐ Remove FORT MYERS BEACH, FL Change BARBARA A. COOLEN 4753 ESTENO BLUD XAdd AMBR *APT* 1103 □ Remove FORT MYERS BEACH, FL 33931  $\square$  Add ☐ Remove □ Change \_□ Add □ Remove \_□ Change \_□ Add ☐ Remove

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<u>ote:</u> if th	e date inserted in t s effective date on	this block does no	ot meet the application	able statutory fi	ling requirements,	this date willing	ot be listed a
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Filing Fee: \$25.00