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| (Reques | stor's Name) |
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| (Addres | s) |
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| PICK-UP | WAIT MAIL |
| (Busine | ss Entity Name) |
| (Docum | ent Number) |
| Certified Copies | Certificates of Status |
| Speciał Instructions to Filing | officer: |
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Office Use Only



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2021 JUL 14 AHIL-26 SECRETARY OF STATE TALLAHASSEF, E

COVER LETTER

| Division of Cor | | | |
|----------------------------|--|--|--|
| Additional . | Amendment MW & K LLC | | |
| SUBJECT: | Name of Lim | ned Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jon Sfera | | |
| | | Name of Person | |
| | MW & K LLC. | | |
| | | Firm Company | |
| | 1681 State Avenue | | |
| | | Address | |
| | Holly Hill , FL 32117 | | |
| | | City/State and Zip Code | |
| | mwkllc83@yahoo.com | to be used for future annual report notif | Continu |
| For further information of | concerning this matter, please c | | (Cancer) |
| Jon Sfera | | 386 451-0382 at () Area Code Daytino | |
| Name o | of Person | Area Code Daytins | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 Filing Fee | El \$30.00 Filing Fee & Certificate of Status | LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed) |
| | | | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MW & K, LLC | | |
|---|---|--------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our record Jability Company) | <u> s.</u>) |
| The Articles of Organization for this Limited Liability Company | were filed on June 6, 2006 | and assigned |
| lorida document number 1.06000057479 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| Principal office address MUST BE A STREET ADDRESS) | | 7A U |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | 411 | - 17 26 - 26 |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, <u>enter</u> | the name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| · | Enter Florida street addres | |
| | , Flo | orida |
| | 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 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|------------------------|----------------|
| MGR | Kristie Marvel | 123 Pergola Place | |
| | | Ormond Beach, FL 32174 | ■Remove |
| | | | ☐Change |
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| | | | □Remove |
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| ctive date, if other than the date of filing: (Optional) (Option | immediately. She was added | d in error 12/07/2020. | | | | | | |
|--|---------------------------------------|-------------------------------|-----------------|--------------------|------------------|---|------------------|-------------|
| ctive date, if other than the date of filing: | | | | | | | | |
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| ctive date, if other than the date of filing: | + | | | | | -E-87 | | |
| ctive date, if other than the date of filing: | | | | | ****** | - <u>2</u> -2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2 | | |
| ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 gr. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed timent's effective date on the Department of State's records. | | | •• | | | | | - |
| ctive date, if other than the date of filing: | | | | | | Lu co | = | |
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| $\frac{\text{July 1}}{\text{A}} = \frac{2021}{\text{A}}$ | filed. | | | | | | | |
| A. Yen | July 1 | 2021 | | | | | | |
| A. Y.C. | | - | · | | | | | |
| | | // / ~ _ | | | | | | |

Filing Fee: \$25.00