

LD6 0000083331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

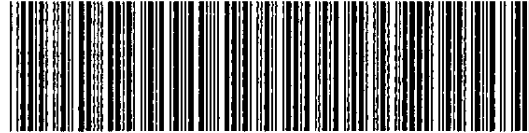
(Business Entity Name)

(Document Number)

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2011 APR - 4 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

APR - 5 2011

EXAMINER

LD6-83331

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MKT Enterprises Of Pace LLC  
Name of Limited Liability Company

*Name Change + Amendment*

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal E Schnoor

Name of Person

*Services*

MGM Enterprises of NWF LLC

Firm/Company

5962 Commerce Road

Address

Milton, Florida 32583

City/State and Zip Code

ceschnoor@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal E Schnoor

Name of Person

at ( 850 )

232-3942

Area Code & Daytime Telephone 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)

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MKT Enterprises of Pace 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 8/23/2006 and assigned Florida document number 606000083331.

This amendment is submitted to amend the following:

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

**MGM Services of NWF 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)

5962 Commerce Road

Milton Florida 32583

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5962 Commerce Road

Milton Florida 32583

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TALLAHASSEE, FLORIDA

**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:

(same agent) Crystal E Schnoor

New Registered Office Address:

Enter Florida street address

City, **Florida**

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.*

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

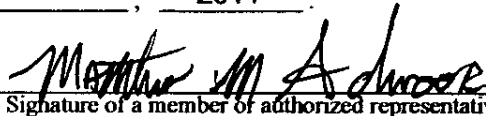
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Duane Godwin	5420 Heatherton Road Milton Florida 32583	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Crystal Schnoor	5420 Heatherton Road Milton Florida 32583	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 24, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Matthew M Schnoor  
\_\_\_\_\_  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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