

107000118637

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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 12 PM 3:52

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M.T.K Sports Training 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:

Kimberly M. Burke Majority-in-Interest Shareholder
Name of Person

M.T.K. Sports Training LLC
Firm/Company

6004 Whispering Trees Lane
Address

Port Orange, FL 32128
City/State and Zip Code

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

For further information concerning this matter, please call:

Kimberly M. Burke at **(386) 405-1531**
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

M.T.K. Sports Training 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 11-26-2007 and assigned
Florida document number ~~320223850~~ L07000118637

This amendment is submitted to amend the following:

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

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: 6004 Whispering Trees Lane
(Principal office address MUST BE A STREET ADDRESS) Port Orange, FL 32128

Enter new mailing address, if applicable: 6004 Whispering Trees Lane
(Mailing address MAY BE A POST OFFICE BOX) Port Orange, FL 32128

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: Kimberly Burke
New Registered Office Address: 6004 Whispering Trees Lane
Enter Florida street address
Port Orange, Florida 32128
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.

KBurke

If Changing Registered Agent, Signature of New Registered Agent

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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>
MGRM	Kimberly Burke	6004 Whispering Trees Lane Port Orange, FL 32128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Timothy Luby	3218 E Colonial Drive #123 Orlando, FL 32803	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Any changes or attempts of dissolution of this company is not permitted without
the written consent of the Majority-in-Interest Shareholder of 65% Kimberly
Burke

Dated _____

KBurke
 Signature of a member or authorized representative of a member
Kimberly Burke
 Typed or printed name of signee