L09000056888

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)
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SECRETARY OF STATE, 15 JUL 22 FIT 3: 10

JUL 2 5 2016 S. YOUNG

THE LAW OFFICES OF LORENE SEELER YOUNG, P.A.

July 15, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE:

MKIG LLC

OUR FILE:

15006-55

To whom it may concern:

Enclosed please find the Articles of Amendment to the Articles of Organization for MKIG LLC that needs to be filed with the state of Florida.

If you need anything further, please do not hesitate to contact me.

Sincerely yours, LORENE SEELER YOUNG, P.A.

Emily Cruz/Post Closing

Enclosures

9124 Griffin Road, Cooper City, Florida 33328

Phone: (954) 585-3967 Facsimile: (954) 585-3987

Email: Emily@Lsy-Law.com

COVER LETTER

	egistration Sectivision of Corpo				
SUBJECT	MKIG LLC				
	·	Name of Lin	nited Liability Company		
The enclose	ed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please retur	rn all correspond	dence concerning this matter	to the following:		
		ITZHAK GINDI			
			Name of Person		~1.
		MKIG LLC			15 JUL 22 PH 3: 10
			Firm/Company	····	
		921 SW 87 TERRACE			2 PI
			Address		مند دن
		PLANTATION, FL 33324	4		; 5
			City/State and Zip Code		
		E-mail address: (to be used for future annual report	notification)	
For further	information con	cerning this matter, please ca	all:		
_ II	ZHAK	61ND1°	at () \ \int \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6-236-4223	
	Name of P	erson	Area Code Day	time 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

MKIG LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L09000056888	were filed on 06/11/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	921 SW 87 TERRACE	の上記
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION, FL 33324	2 227
		N 111-4
		7
Enter new mailing address, if applicable:	P.O. BOX 802602	بن
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33280	0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Florida	0.0
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ITZHAK GINDI	P.O. BOX 802602	
		MIAMI, FL 33280	□ Remove
			□ Change
D	ITZHAK GINDI	P.O. BOX 802602	Add
		MIAMI, FL 33280	Remove
			Change
			Change CRE ASSEE. L. C. Add PH Remove.
			□ Add PA
			Change
			□ Add
			Remove
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effectiv te: If t	date, if other than we date is listed, the dat he date inserted in the 's effective date on t	e must be specifi	ic and cannot be pr not meet the app	ior to date of filing licable statutory	or more than 90 da filing requireme	nts, this date will r	uant to 605.0207 not be listed as
	d specifies a dela Oth day after the			not an effectiv	ve time, at 17	?:01 a.m. on tl	he earlier of
ed							
			,				
		Signature	of member or a	Thorized represent	tive of a member		
				/ / /			

Page 3 of 3

Filing Fee: \$25.00