

L09000056888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

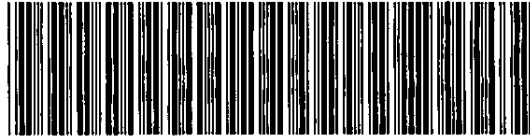
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
15 JUL 22 PM 3:10

JUL 25 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.

By: Emily Cruz
Emily Cruz/Post Closing

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TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:10

Enclosures

9124 Griffin Road, Cooper City, Florida 33328

Phone: (954) 585-3967

Facsimile: (954) 585-3987

Email: Emily@Lsy-Law.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MKIG 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:

ITZHAK GINDI

Name of Person

MKIG LLC

Firm/Company

921 SW 87 TERRACE

Address

PLANTATION, FL 33324

City/State and Zip Code

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

For further information concerning this matter, please call:

ITZHAK GINDI

Name of Person

at (

_____) Area Code

786-236-4223 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

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MKIG LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ITZHAK GINDI	P.O. BOX 802602	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33280	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	ITZHAK GINDI	P.O. BOX 802602	<input type="checkbox"/> Add
		MIAMI, FL 33280	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE
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The company will be member managed

16 JUL 1967

SECRETARY OF STATE
WASHINGTON, D.C. 20520
MAY 3 1964

(If an 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

ITZHAK GINDI

Typed or printed name of signee