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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCK GROUP, 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:

MICHAEL A. COSTANTINI

Name of Person

MCK GROUP, LLC

Firm/Company

24 NE 24th AVENUE, SUITE 102

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

MIKEC@UNISOURCEMARKETING.COM

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

For further information concerning this matter, please call:

MICHAEL COSTANTINI

954 785-0034 EXT 224
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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	UNISOURCE MARKETING GRP	24 NE 24th AVENUE, SUITE 102	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL A. COSTANTINI	24 NE 24th AVENUE, SUITE 102	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated June 8, 2017

Signature of a member or authorized representative of a member:

MICHAEL A. COSTANTINI, MANAGER OF MCK GROUP, LLC

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN 12 PM 1:06

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