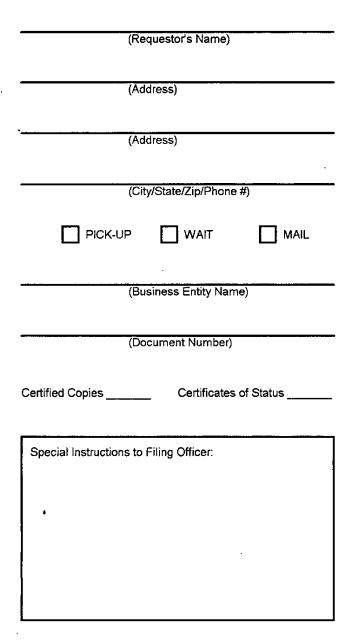
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Office Use Only



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17 JUN 12 PM 1: 05 SECRETARY OF STATE

S. WARREN
JUN 1 3 2017

## **COVER LETTER**

то:		stration Section of Corp					
SUBJEC	MCK GROUP, LLC						
SUBJE	CI: _		Name of Lim	ited Liability Company			
			•				
The encl	losed .	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please re	eturn a	ill correspon	dence concerning this matter	to the following:			
			MICHAEL A. COSTANT	INI			
				Name of Person	<del>.</del>		
	MCK GROUP, LLC						
				Firm/Company	<del></del>		
			24 NE 24th AVENUE, SU	ITE 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)						
				·	notification)		
For furth	her inf	ormation cor	ncerning this matter, please ca	all:			
			EXT 224				
		Name of l	Person	at () Area Code Day	time Telephone Number		
Enclosed	d is a	check for the	following amount:				
\$25.	.00 Fil	ing 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

MCK GROUP, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	<u>·ecords.</u> )
The Articles of Organization for this Limited Liability Complete Florida document number	pany were filed on AUGUST 2	and assigned
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 contain 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 ADDRES	<u> </u>	·.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>	and the same of th
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duti t as provided for in Chapter ffice address, I hereby confi	es, and I am familia with and 605, F.S. Ois if this document is m that the limited hability
If	Changing Registered Agent, <u>Sign</u>	ature 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>	<u>Address</u>	Type of Action		
MGR	UNISOURCE MARKETING GRP	24 NE 24th AVENUE, SUITE 102	Add		
		POMPANO BEACH, FL 33062	≅ Remove		
			□ Change		
MGR	MICHAEL A. COSTANTINI	24 NE 24th AVENUE, SUITE 102	<b>=</b> Add		
		POMPANO BEACH, FL 33062	□ Remove		
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Typed or printed name of signer	Typed or printed name of signer	eni'i	June 8,	Signalure of a men	2017	esentative at a med	12:01 a.m. o	TALIANA
	FL(S)	cord 900	June 8,	Signifure of a men	2017  Per or authorized reports  ER OF MCK GROU	esentative til a med	12:01 a.m. o	SECKETARY

Filing Fee: \$25.00