## LIO 000005334

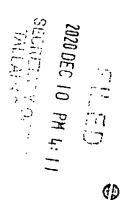
(Requestor's Name)	
(Address)	100355
(Address)	100000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	12/10/20 <b>-</b> -01
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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
SUBJEC	MK Brown	r Holdings XIII, LLC		
SUBJEC	., I i	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Kristin Brown		
			Name of Person	<del></del>
		MK Brown Holdings XIII.	LLC	
			Firm/Company	
		3322 SE Gran Park Way		
		<del></del>	Address	<del></del>
		Stuart, FL 34997		
			City/State and Zip Code	
		kbrown@mkbrownholdings	s.com to be used for future annual report notifi	ention)
For furth	er information c	concerning this matter, please ca		cum,
Kristin I	Brown		772 362-9500	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
<b>\$</b> \$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 Addres Registration 5		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it how appears on our records.) (Liability Company)	<u>-</u>	
The Articles of Organization for this Limited Liability Company	y were filed on <u>V 4/10</u>	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or	the abbi@iati@:L.L.	C."
Enter new principal offices address, if applicable:		<b>20 0</b>	·
(Principal office address MUST BE A STREET ADDRESS)		0	· · · · · · · · · · · · · · · · · · ·
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del>4</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new	registered
Name of New Registered Agent:	<del> </del>		
New Registered Office Address:	Enter Florida street address		
	, Florid		
	Cin	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>	<u>Address</u>	Type of Action
Mgr	Kristin Brown	3322 SE Gran Park Way	<b>=</b> Add
		Stuart, FL 34997	□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			□Change
			□Add
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ffective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	ris block does not meet th	e applicable statut	iling or more than 90- tory filing requirem	(optional) days after filing.) Pursuant to ents, this date will not be	o 605.0207 ( e listed as t
record specifies a delayed efficient is filed.	ective date, but not an eff	ective time, at 12:	01 a.m. on the earl	ier of: (b) The 90th day	after the
December 3		0			
	VIA				
	Signature of a membe	or authorized repn	esentative of a member	er -	_

Filing Fee: \$25.00