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SEC. OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 12 PM 3 26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIKADETE HOLDINGS, 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 McClary/Kathaleen McClary

Name of Person

MIKADETE HOLDINGS, LLC

Firm/Company

PO BOX 236

Address

Riverview, FL 33568

City/State and Zip Code

mkmccclary@tampabay.rr.com

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

For further information concerning this matter, please call:

Michael McClary/ Kathaleen McClary

Name of Person

at (813)

326-1586

Area Code & 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added-or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kathaleen McClary	3539 Osprey Cove Drive Riverview, FL 33578	☐ Add ☒ Remove
MGR	Michael McClary	3539 Osprey Cove Drive Riverview, FL 33578	☐ Add ☒ Remove
MGRM	Michael McClary	3539 Osprey Cove Drive Riverview, FL 33578	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

EIN# 80-0856846

Dated October 10, 2012

Signature of a member or authorized representative of a member

Kathaleen McClary

Typed or printed name of signee

2012 OCT 12 PM 3 26
CLERK OF STATE
TALLAHASSEE, FL 32310

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