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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	K EQUITY L Name of Limit	L.C. ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	ANTI	HONY N GO Name of Person		
	HEALT	HACCL) Firm/Company		
	2086 Gun	= TO BAY BUD.	<u></u>	
	<u> </u>	C/FL 33765 City/State and Zip Code		
	E-mail address: (to	o be used for future annual report notificati	on)	5000 Pin 2 2 2 20000111
For further information co	oncerning this matter, please ca	ail:		7.7.
ANTHONY Name of	Y NGO Person	at (<u>121) 466 - 70</u> Area Code & Daytime Te	255 lephone Number	1
Enclosed is a check for th	e 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 enclo	osed)

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

MK EQU (Name of the Limited Liabil)	ity Company as it now appears of a Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L1300081196</u>			signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company,"	"the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
			<u> </u>
Enter new mailing address, if applicable:		TE (1) Se	12-80-
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	j ;
		·	77
B. If amending the registered agent and/or reg	ristored office address on our	regards onter the name	of the new
registered agent and/or the new registered office ac	ddress here:	records, enter the name	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
		171	
	City	, Florida Zip Coo	de

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 608, 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 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 **Type of Action Title** <u>Name</u> <u>Address</u> KATHLEEN HUYEN 2086 GULG TO BAY BUD. CLEARWATER, PL 33765 Remove Remove Remove Remove Remove Add Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	JUNE 06 /21, 2013.
	Signature of a member or authorized representative of a member
	ANTHONIX A)OO

Page 3 of 3

Filing Fee: \$25.00

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