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## **COVER LETTER**

TO: Registration Se Division of Cor			
	SULTING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	emitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	MARCELO RODRIGUE	S SAADI	
		Name of Person	
	MKX CONSULTING LL	С	
		Firm/Company	<del></del>
	13613 LAKE CAWOOD	DR	
		Address	<del></del>
	WINDERMERE / FL / 34	786-7002	
		City/State and Zip Code	20
	MKXCONSULTING@GN		コ
	E-mail address:	(to be used for future annual report notif	ication) $\sim$
For further information of	oncerning this matter, please of	call:	-
MARCELO SAADI		407 4356248	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee. 1	FL 32314	2415 N. Monroe	Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MKX CONSULTING LLC	
(Name of the Limited Liability Company as it is (A Florida Limited Liability (	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on AUGUST 5TH, 2013 and assigned
Florida document number L13000110168	
This amendment is submitted to amend the following:	20
A. If amending name, enter the new name of the limited Hability con	mpany here:
he new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	72 33
(Principal office address MUST BE A STREET ADDRESS)	न दि
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida-street address
	, Florida
City	

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>	Address	Type of Action
MGR	ADIB M H SAADI	ALAMEDA DAS SEMPRE VIVAS 352	□ Add
		SANTANA DE PARNAIBA 06539-170 BR	≅ Rcmove
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_/	//	/ 	□Add
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ve date, if other than the date of	filing:		(option	al)
ective date is listed, the date must be specifif the date inserted in this block does	fic and cannot be prior	to date of filing or more	than 90 days after fil	ng.) Pursuant to 605
ent's effective date on the Departmen	t of State's records.	aore statutory timing re	quaements, uns u	are will hot de fisk
				The 90th day after

Typed or printed name of signee

Signature of a member or authorized representative of a member

MARCELO RODRIGUES SAADI