

L14000000/235

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2014 JAN -9 PM 5:22
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MRK VENTURA 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:

JEFF CUTLER

Name of Person

DELACRUZ & CUTLER, LLP.

Firm/Company

4000 PONCE DE LEON BLVD, SUITE 790

Address

CORAL GABLES, FL. 33146

City/State and Zip Code

JCUTLER@DELACRUZCUTLER.COM

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

For further information concerning this matter, please call:

JEFF CUTLER

Name of Person

305 446-0100

at (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

RECEIVED
TALLAHASSEE, FL 32301
JAN 9 2014

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MRK VENTURA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 3rd, 2014, and assigned
Florida document number L14000001235.

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 end with 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 ADDRESS)

4000 PONCE DE LEON BLVD, SUITE 790
CORAL GABLES, FL. 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4000 PONCE DE LEON BLVD, SUITE 790
CORAL GABLES, FL. 33146

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

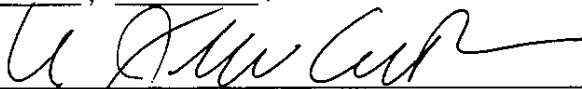
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL KRIEGER		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	RICHARD KRIEGER		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	MRK MANAGEMENT LLC	4000 PONCE DE LEON BLVD, SUITE 790	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

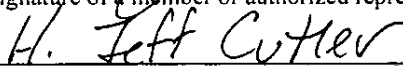
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated JANUARY 7th, 2014



Signature of a member or authorized representative of a member



Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF COURT
FLORIDA

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