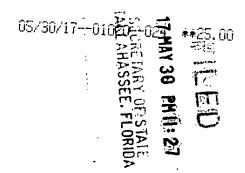
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Menkhast Lic Name of Limited Liability Company  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:
Kimberley Menkhast
Kimberry Menkharst UC
15842 Delaplata Lane
Naples, Fr. 3410 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimbeny, Menkhont at (239) 7710-0093  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Menknorst LLC	
( <u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on and assigned
Florida document number	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Kimberley Menkhorst, LLC	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	
Enter new mailing address, if applicable:	yand Yan
(Mailing address MAY BE A POST OFFICE BOX)	
Muung adaress MAI BE A FOST OF FICE BOAT	
	92
D 16	ered office address on our records, enter the name detthe n
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	
registered agent and/or the new registered office additi	
	garanta 🖟 💆
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 = M $AMBR = A$	anager , uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the date of filing:  May 22, 2017  (optional Part of the filing) Pursuant to 605.020  Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  May 22  2017  Signature of a member of sturbitzed representative of a member	, (			·· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>
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Page 3 of 3

Filing Fee: \$25.00