L14 000101189

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TATILANIASSEE STORIORINA VISION OF COSTORATIONS CLERALATIA

COVER LETTER

TO: Registration So Division of Cor			
MK Taste.	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jack E. Kiker, III		
		Name of Person	
	WilliamsGautier Law		
		Firm/Company	
	2010 Delta Blvd.		
		Address	
	Tallahassee, Florida 32303		٠
	Jake.Kiker@WilliamsGauti	Name of Limited Liability Company Indirect and fee(s) are submitted for filing. See concerning this matter to the following: ack E. Kiker, III Name of Person	
	E-mail address: (to be used for future annual report notific	ation) $\tilde{\mathfrak{D}}$
For further information of	oncerning this matter, please co	all:)
Jack "Jake" E. Kiker, III			جه چه
Name o	of Person		Celephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Regist Divisio	JNG ADDRESS: ration Section on of Corporations ox 6327	Registration Section Division of Corporat	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MK Taste, 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 $\frac{06/24/2014}{1}$ ____ and assigned Florida document number L14000101189 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fare Skies, LLC The new name must be distinguishable and contain 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) 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 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

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, <u>enter the title, name, and address of each person_being add or removed from our records</u> :				
MGR = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	Name	Address	Type of Action	
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. Effective date, if other that (If an effective date is listed, the date inserted in document's effective date on	ate must be specific and can this block does not meet	the applicable sta	f filing or more than 90 utory filing requiren	(optional) days after filing.) Pursuant nents, this date will not b	to 605,0207 (3) be listed as the
the record specifies a de	layed effective date e record is filed.	e, but not an e	fective time, at	12:01 a.m. on the	earlier of:
Dated May 31		019			
Q/20.	0. 1/1/21				
<u> </u>	Signature of a mem	ber or authorized re	presentative of a memb	er	
Michele M. Kiker	(

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee