## 14000172873

(Requestor's Name)				
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PICK-UP	WAIT	MAIL .		
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(Document Number)				
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NEARESEE FLORIDA

B. BOSTICK

DEC 1 6 2014

**EXAMINER** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MK GROUP SOLUTI	ons ILC	and and a	<del></del>
(A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability (	Company were filed on	06/2014	and assigned
Florida document number 1 140017 2873	_··		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the words "Li	mited Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)	200	22
			= 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<b>=</b>
			_
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		<b>4</b> 1 8 8	ŧ.
		<b>5</b> A	0
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter th	ne name of the ne
Name of New Registered Agent:			
New Registered Office Address:			_
	Enter Florida str	reet 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>	Name	Address	Type of Action	
MGR	Melissa Krotz	691 14 St SE	<b>√</b> Add	
		Naplus Florida 34	Remove	
			☐ Remove	
			A Add DEC Remove	
			Add	
			Remove	
			Add	
			Remove	

D. If amending any other information, enter change	ge(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of	
Dated 12 8 2044	·
Melissee Krotz	ber or authorized representative of a member
Signature of a pagent	oci oi audionzed representative oi a member
TY WILLSON TROTTY	ed or printed name of signee

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Filing Fee: \$25.00

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ALLAMASSEE. FI ORMA

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