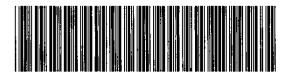
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	C	OVER LETTER *	· Am	*
ro: Registration Section Secti	ction porations		V. Wall	
SUBJECT: MK	Tax & Account of Limit	CUNTING Ser	vices LLC	·škų
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Pleasc return all correspo	ndence concerning this matter t	to the following:		
	heishe	Jedonne Name of Person	<u> </u>	
	MK Tax	Accounting Firm/Company	g Services L	LC
	15563 S	N 52ND CT	7.00 C.C. C.C. C.C.	14 DEC
	Miramer	FL 33602 City/State and Zip Code	1	29 PH
	E-mail address: (t	to be used for future annual report not	ification)	규
For further information o	concerning this matter, please ca	all:		Ø.
Kelsha Name o	Jedonne of Person	at (951) 1655 Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Stat	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 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) 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

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

Florida

Zip Code

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGB	heisha Jedonne	15563 SW52ND CT	tv Add
		15563 SW52ND CT Miramar, FL, 33021	Remove
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Page 3 of 3

Filing Fee: \$25.00

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