

L14000191188

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 APR 10 PM 1:58

Amend  
10/4/23/15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MK MACHINE 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:

MAGNUS KARLSTEDT  
Name of Person  
MK MACHINE LLC  
Firm/Company  
5260 DUNCAN Rd. UNIT 6  
Address  
PUNTA GORDA, FL 33982  
City/State and Zip Code  
INFO@MK-CONSTRUCTION.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGNUS KARLSTEDT at 941 628-4261  
Name of Person 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

MK MACHINE, LLC

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DIVISION OF CORPORATIONS  
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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	MARK H. KALTENBORN	2001 BAL HARBOR BLVD, Unit 2301 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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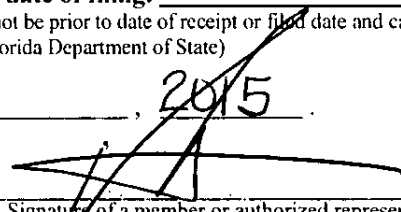
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

3/23

2015

  
Signature of a member or authorized representative of a member

MAGNUS H. KARLSTEDT

Typed or printed name of signee