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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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 KARISTEDT
MK MACHINE LLC Firm/Company
5260 DUNCAN Rd. UNIT 6
PuntaGorda FL 33982  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAGNUS KORISTERT at 14 628 – 426  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

The Articles of Organization for this Limited Liability Company were filed on 12/16/14 and assigned Florida document number 14/1000/19/1/88.

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 "L.L.C." 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:

### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Title Name 2001 BAL HARbor BLVd, Unit 2301 PUNTA GORDA, FL 33950 XADD MGR MARK H. KALTENBORN \_\_ □ Remove \_□ Add \_\_\_ 🗆 Remove □ Add \_\_\_\_\_ □ Remove \_□ Add ☐ Remove \_□ Add ☐ Remove □ Add ☐ Remove

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( <b>optional)</b> 0 days after

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Filing Fee: \$25.00