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# **COVER LETTER**

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Name of Lim	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
ondence concerning this matter	to the following:		
ILAN KEDEM			
	Name of Person		
	Firm/Company	<del></del>	
1423 SE 10TH STREET			
	Address		
CAPE CORAL, FL 33990			
MKGROUP2020@GMAIL	City/State and Zip Code		
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oncerning this matter, please c	all:	TA.	2
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f Person		Gradient Comment	12
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□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	iatus &
	Name of Lim  Amendment and fee(s) are sub ondence concerning this matter  ILAN KEDEM  1423 SE 10TH STREET  CAPE CORAL, FL 33990  MKGROUP2020@GMAIL  E-mail address: (concerning this matter, please concerning this matter, please concerning this matter)  of Person  he following amount:  \$\square\$ \$30.00 Filing Fee &	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  ILAN KEDEM  Name of Person  Firm/Company  1423 SE 10TH STREET  Address  CAPE CORAL, FL 33990  City/State and Zip Code  MKGROUP2020@GMAIL.COM  E-mail address: (to be used for future annual report notification concerning this matter, please call:  at (	Amendment and fee(s) are submitted for filing.  ILAN KEDEM    Name of Person

### MAILING ADDRESS:

TO:

Registration Section

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

MF KINSNAN LLC		
(Name of the Limited Liability Comp. (A Florida Limited	oany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000002306	y were filed on 01/06/2015 and assigned	
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
MF KINSMAN LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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 or registered or registered agent and/or the new registered office address her		nev
	Co. To comme	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address Di	
	Billet Florida sirvet dadress	
	, Florida	_

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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tive date, if other than the date of fi	ling:			(optiona	d)	
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If the date inserted in this block does not ment's effective date on the Department of			ing requireme	ents, this da	te will	not be list
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Typed or printed name of signee

Filing Fee: \$25.00