# L150000 57126

(Re	equestor's Name)	
(Ac	ldress)	
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(Do	ocument Number)	
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SECRETARY OF STATE
TALLAHASSEF FIRE

OCT 15 2015 J SHIVERS

## **COVER LETTER**

TO:	Registration Sec Division of Corp			<b>.</b> • • • • • • • • • • • • • • • • • • •
SUBJI		IOR CONSTRUCTION LLC	:	
		Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		MARVIN A ISAULA		
			Name of Person	
		MK SUPERIOR CONSTI	RUCTION LLC	
			Firm/Company	
		4219 18TH AVE DR W		
			Address	
		BRADENTON, FL 34205		
			City/State and Zip Code	<del> </del>
			JCTIONLLC@GMAIL.COM	
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	rther information co	oncerning this matter, please c	all:	
MAR	VIN A ISAULA		941 780-3225 at ()	
	Name of	Person		Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>)</b> \$2	5.00 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)
		<u>,</u>		

### 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 SUPERIOR CONSTRUCTIO		ny as it now appears on our records			
(Name of the Linn	(A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L	Liability Company	were filed on 03-25-2015	and assigned		
his amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
inter new principal offices address, if appli	cable:	MARVIN A ISAULA			
(Principal office address MUST BE A STREET ADDRESS)		4219 18TH AVE DR W			
	···	BRADENTON FL 34205			
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE					
3. If amending the registered agent and egistered agent and/or the new registered of			enter the name of the		
Name of New Registered Agent:	MARVIN A IS	AULA	TARY IASSE		
New Registered Office Address:	4219 18TH AV		me <b>3 (1)</b>		
	BRADENTON	Enter Florida street address Flori	10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03 10.03		
	<del></del>	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 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
MGR	KARLA A HUGHES	4219 18TH AVE DR W	□ Add
		BRADENTON FL 34205	Remove
			□ Change
			□ Add
			□ Remove
		<del></del>	Change
<del></del>			Add
			Remove
			Change Change CARE CARE
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ive date, if other than the effective date is listed, the date must If the date inserted in this blo	be specific and cannot be p	rior to date of filing o	r more than 90 days after	filing.) Provant to 605.
nent's effective date on the De	partment of State's reco	rds.	mg requirements, uns	date with-tipl beginste
cord specifies a delayed 90th day after the reco		not an effectiv	e time, at 12:01 a	.m. on the earlie
Soul day after the rect	iu is meu.			
OCTOBER 09	2015			
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4 /				
MUNU	Signature of a member or a	ushaniaad assessed	ina afa manda	

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Filing Fee: \$25.00