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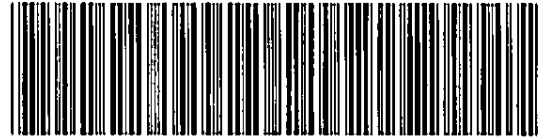
(Business Entity Name)

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MAY 20 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSKPFS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jolieann E. Kelly

Name of Person

MSKPFS, LLC

Firm/Company

904 W. New York Ave.

Address

DeLand, FL 32720-5141

City/State and Zip Code

joliekellycpa@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jolieann E. Kelly

904

501-5540

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

MSKPFES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2013 MAY -9 P 12 10

The Articles of Organization for this Limited Liability Company were filed on July 16, 2015

RECORDED & INDEXED
JAN 11 2016

Florida document number L15000121917

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

904 W. New York Ave.

(Principal office address MUST BE A STREET ADDRESS)

Del.and. FL 32720-5141

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:

Jolicann E. Kelly

New Registered Office Address:

904 W. New York Ave.

Enter Florida street address

Del.and

Florida 32720-5141

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>	<u>Address</u>	<u>Type of Action</u>
AMGR	M. Scott Kelly		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		904 W. New York Ave., Deland. FL 32720-5141	<input checked="" type="checkbox"/> Change
AMBR	Jolieann E. Kelly	904 W. New York Ave., Deland. FL 32720-5141	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 1, 2019

Jolicann E. Kelly

Typed or printed name of signee

Operating Agreement Amendment
MSKPFS, LLC
A Florida Limited Liability Company

This amendment dated May 1, 2019 adds Jolieann E. Kelly as member of MSKPFS, LLC with ownership rights of 49% and amends the ownership rights of M. Scott Kelly to 51%. Also, this amends any reference to Michael Scott Kelly to be changed to M. Scott Kelly, and amends his address to be 904 W. New York Ave., DeLand, FL 32720-5141.

This action was voted with unanimous agreement on May 1, 2019 to be effective on June 1, 2019.



M. Scott Kelly, Member

EXHIBIT A
MEMBERS – AMENDED

The Members of the Company and their respective addresses, Capital Contributions, and Ownership Interests are set forth below. The Members agree to keep this Exhibit A current and updated in accordance with the terms of this Agreement, including, but not limited to Sections 2.1, 2.3, 2.4, 7.1, 7.2, and 10.1.

Members/Address	Capital Contribution	Percentage Interest
M. Scott Kelly		51%
904 W. New York Ave., DeLand, FL 32720-5141		
Jolieann E. Kelly		49%
904 W. New York Ave., DeLand, FL 32720-5141		