16000014608

(Requestor's Name)
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(ridaless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2016

ROXANNA KING 2110 CHAGALL CIR WEST PLM BCH. FL 33409

SUBJECT: MK1 PROPERTIES, LLC

Ref. Number: L16000074608

2017 BCT 17 PH 3: C

We have received your document for MK1 PROPERTIES, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 916A00020360

COVER LETTER

TO: Registration S Division of Co		•	•
MK1 PRO	PERTIES I.L.C		
BUBJECT:	Name of Limit	ed Liability Company	
The	[A d and f-a(a) are subset	sisted for filing	
	Amendment and fee(s) are subm	-	
Please return all correspondence	ondence concerning this matter to	o the following:	
	ROXANNA KING		
		Name of Person	
		Firm/Company	····
	2110 CHAGALL CIRCLE		
		Address	
	WEST PALM BEACH, FL	ROIDA, 33409	
		City/State and Zip Code	
	roxyking@hotmail.com co.		
	E-mail address: (to	be used for future annual report notifi	ication)
For further information of	concerning this matter, please cal	li:	
ROXANNA KING		561 420-5734	
Name (of Person	at (Telephone Number
Enclosed is a check for t	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

MK1 PROPERTIES LLC			
(Name of the L	imited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limite	ed Liability Company	y were filed on (14/14/2016 and assigned	
Florida document number 1.16000074608	·		
This amendment is submitted to amend the	following:		
A. If amending name, $rac{l}{enter}$ the pew nam	ne of the limited liab	pility company here:	
PALM DEACH PROPERTIES LES	OPERTIES (OF SOUTH PALM BEACH LLC	
he new name must be distinguishable and contain to	the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if ap	plicable:	2110 CHAGALL CIRCLE	
Principal office address MUST BE A STI	REET ADDRESS)	WEST PALM BEACH, FLORIDA, 33409	_
			-
Enter new mailing address, if applicable:		2110 CHAGALL CIRCLE	_
Mailing address MAY BE A POST OFFI	CE BOX)	WEST PALM BEACH, FLORIDA, 33409	_
}			
 If amending the registered agent a egistered agent and/or the new registere 	and/or registered of d office address her	ffice address on our records, enter the name of the re:	<u>1ew</u>
		- Nas	
Name of New Registered Agent:	ROXANNA KI		Ī
New Registered Office Address:	2110 CHAGAI	LL CIRCLE S 7 1	
		Enter Florida street address	
•	WEST PALM I	BEACH Florida 33409 🖟 🔅 🛡	الحق

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 lamiliar 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> MARK HACKNEY MGR 10101 LANTANA RD □ ∧dd STUDIO H Remove LAKE WORTH, FL. 33449 □ Change MARK HACKNEY **AMBR** 10101 LANTANA RD _D Add STUDIO H Remove LAKE WORTH, FL, 33449 ☐ Change MGR ROXANNA KING 2110 CHAGALL, DRIVE Bb∧ 🗐 WEST PALM BEACH □ Remove FL 33409 ☐ Change ROXANNA KING **AMBR** 2110 CHAGALL DRIVE **≅** Add WEST PLAM BEACH ☐ Remove OLVISION OF CORE CANADA FL 33409 □ Add □ Remove ☐ Change

. It amending any o	her information, enter change(s) here: (Attach additional sheet	is, it necessary.)
		Div. 16
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		-,/1
If an effective date is lis Note: If the date ins	her than the date of filing: ed, the date must be specific and cannot be prior to date of filing or more than 90 creed in this block does not meet the applicable statutory filing requirem date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.02 nents, this date will not be listed a
he record specifi The 90th day a	s a delayed effective date, but not an effective time, at fter the record is filed.	12:01 a.m. on the earlier o
Dated	2016	
VII-1994-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Signature of a member or authorized representative that member	er
MARK H	ACKNEY	
-	Typed or printed name of signee	
	Dogo 2 of 2	
	Page 3 of 3	

Filing Fee: \$25.00