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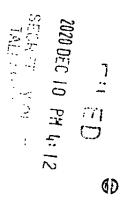
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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Special Instructions to Filing Officer:
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## **COVER LETTER**

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Tallahassee, FL 32314

	egistration Se ivision of Cor			
SUBJECT	in the second se	i Holdings XVI, LLC		•
SUBJECT	:	Name of Lim	ited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Kristin Brown		
			Name of Person	
		MK Brown Holdings XVI	, LLC	
			Firm/Company	
		3322 SE Gran Park Way		
			Address	
		Stuart, FL 34997		
		kbrown@mkbrownholding	City/State and Zip Code	
			to be used for future annual report r	notification)
For further	information c	concerning this matter, please c	all:	
Kristin Bro	own		772 362-9500	
	Name o	of Person	Area Code Day	time Telephone Number
Enclosed is	a check for th	he 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)
	ailing Addres		Street Address: Registration	
Đ	ivision of C	Corporations	Division of C	Corporations
Р.	O. Box 632	27	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MK Brown Hold In (Name of the Limited Liability Con (A Florida Limit	npany hs it now appears on our records, ed Liability Company)		
The Articles of Organization for this Limited Liability Compa		and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "I	.1C."
Enter new principal offices address, if applicable:		<u>.                                    </u>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	2020 SEE	
		24 2	;
Enter new mailing address, if applicable:		, ~, —	
(Mailing address MAY BE A POST OFFICE BOX)		<u>``</u>	
		<del></del>	
D. I.C. and Jim the middle of the second of			. dd
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter t</u>	ne name of the ne	w registered
Name of New Registered Agent:			
New Registered Office Address:			
	aishable and contain the words "Limited Liability Company," the designation "L.L.C."  ces address, if applicable:  MUST BE A STREET ADDRESS)  ess, if applicable:  EA POST OFFICE BOX)  stered agent and/or registered office address on our records, enter the name of the new registered eistered office address here:  egistered Agent:  Office Address:  Enter Florida street address  Florida		
		rida	
<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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Kristin Brown	3322 SE Gran Park Way	■Add
		Stuart, FL 34997	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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ffective date, if other to an effective date is listed, th sote: If the date inserted ocument's effective date	e date must be specific a in this block does no	ind cannot be prior t t meet the applica	o date of filing or me	ore than 90 days aff		
record specifies a delayer Lis filed.	l effective date, but n	ot an effective tin	ne, at 12:01 a.m. c	on the earlier of:	(b) The 90th day	after the
, December 3		2020				
ated	/ •					
ated	Signature of	a member or author	rized representative	of a member		_

Filing Fee: \$25.00