# 116000150634

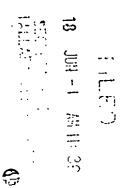
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# **COVER LETTER**

Division of Cor	porations		
MK REAL SUBJECT:	ESTATE LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Douglas W. Grissinger		
		Name of Person	
	Mellor, Grissinger & Back	o, LLP	
	•	Firm/Company	<del> </del>
	13801 D Tamiami Trail		
		Address	
	North Port, FL 34287		
		City/State and Zip Code	
	vasilykuzubov@gmail.com	to be used for future annual report notifi	
		·	ication)
For further information co	oncerning this matter, please ca	ill:	
Douglas W. Grissinger		941 426-1193	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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 REAL ESTATE LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) y Company)
. The Articles of Organization for this Limited Liability Company were Florida document number L16000150634	filed on $\frac{08/11/2016}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," 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)	
	36
	8
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida, Zin 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
мем	A & J HOME IMPROVEMENT IN	8490 W. Prince Blvd.	
•		North Port, FL 34287	■ Remove
			Change
MEM	MICHAEL KAY MANAGEMENT	9705 Collins Avenue Apt 1004	Add
		Bal Harbour, FL 33154	■ Remove
			GE Change
			☐ Add
			☐ Change
		-	
			Remove
			Change
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	be specific and cannot be prior to date of filing ick does not meet the applicable statutory	(optional) to r more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
e record specifies a delayed The 90th day after the reco		ve time, at 12:01 a.m. on the earlier
ated May 30	, 2018	
J. 1/2	ignature of a member or authorized represent	tative of a member
	·	

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Filing Fee: \$25.00