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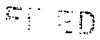
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COVER LETTER

TO:	Registration Secondscip		y'	••		
		•	al Contractor LLC	* *		
SUBJI	ECT:	_	ed Liability Company			
		Harie of Enaise	to Electricy Company			
ers.	aliana a mining a f	Amendment and fee(s) are subm	sitted for filing			
Please	return all correspo	ndence concerning this matter to	the following:			
		Mark Kendall				
			Name of Person		_	
			Firm/Company		_	
		2160 LaCourt Lane				
		Address				
		Malabar, Florida 32950				
			City/State and Zip Code			
		mrmkendall@gmail.com				
			be used for future annual re	port notification)		
For fu	erther information of	concerning this matter, please ca	11:			
	Mark	Kendall	951 at ()	757-0412		
	Name	of Person	Area Code	Daytime Telephone Numb	er	
		he following amount:	Eless de l'Unit de Se	□ \$60.00	Filina Ree	
□ \$	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	Certific sed) Certific	cate of Status & ed Copy nat copy is enclosed;	
	Mailing Addre		Street Ado			
	Dogietration	Section	Kegistrai	tion Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



MK Electrical Contractor LLC

2022 AUG 29 PM 4: 29

(Name of the Lim	(A Florida Limited	Liability Company)	05/25/2017 OF STATE
The Articles of Organization for this Limited I Florida document number		y were filed on	05/25/2017 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited tial	bility company he	<u>re</u> :
MK Electric LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	No Change	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		No Change	
(Mailing address MAY BE A POST OFFICE	EBOX)		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	address on our re	cords, enter the name of the new registe
Name of New Registered Agent:	No Change	.	
New Registered Office Address:	No Change	Financia Class	ida street address
		r.nter 1 tori	aa street aaaress
			Florida
		City	Zip Code

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
			□Remove
			Change
			□Add
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Page 2 of 3

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Tective date, if other than than effective date is listed, the date mote: If the date inserted in this becoment's effective date on the	block does not meet t	he applicable st	of filing or more the	(optional) in 90 days after filing direments, this date	.) Pursuant to 605.020 will not be listed a
e record specifies a delay The 90th day after the re	ed effective date, cord is filed.	but not an e	effective time,	at 12:01 a.m.	on the earlier o
August 22	20	22			
August 22	··	·			
	Signature of a memb	er or authorized r	epresentative of a r	nember	