

11/10/21, 3:33 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000417481 3)))



H210004174813ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Jennifer L. Williamson, Esq.
Account Name : CRARY, BUCHANAN, BOWDISH, ET AL
Account Number : 076424001425
Phone : (772)233-4602
Fax Number : (772)223-4378

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jlw@crarybuchanan.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MK BROWN HOLDINGS I, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
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2021 NOV 15 PM 2:04

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Corporate Filing Menu

Help



November 12, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MK BROWN HOLDINGS I, LLC
4425 SW MARTIN HIGHWAY
PALM CITY, FL 34990US

SUBJECT: MK BROWN HOLDINGS I, LLC
REF: L17000124652

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000417481
Letter Number: 921A00027482

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MK BROWN HOLDINGS I, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer L. Williamson, Esquire

Name of Person

Crary Buchanan, PA

Firm/Company

759 SW Federal Highway, Suite 100

Address

Stuart, FL 34994

City/State and Zip Code

jlw@crarybuchanan.com

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

For further information concerning this matter, please call:

Lou Ann Rutkowski

772
at ()

233-4602

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MK BROWN HOLDINGS I, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/07/2017 and assigned
Florida document number L17000124652.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Stuart RE Ventures II, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1045 NE Industrial Blvd.

Jensen Beach, FL 34957

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1045 NE Industrial Blvd.

Jensen Beach, FL 34957

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 2021 NOV 15 PM 1:38
 TALLAHASSEE, FL
 32301
 CLERK OF CIRCUIT COURT
 11/15/2021

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

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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> |
|--------------|-----------------------|--------------------------------|--|
| MGR | Matthew S. Brown | 3322 SE Gran Park Way | <input type="checkbox"/> Add |
| | | Stuart, FL 34997 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Kristin D. Brown | 3322 SE Gran Park Way | <input type="checkbox"/> Add |
| | | Stuart, FL 34997 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Raymond E. Kingsfield | 211 West Wacker Dr., Ste. 1800 | <input checked="" type="checkbox"/> Add |
| | | Chicago, IL 60606 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Bryan Polhemus | 1045 NE Industrial Blvd. | <input checked="" type="checkbox"/> Add |
| | | Jensen Beach, FL 34957 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input 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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Typed or printed name of signer

Filing Fee: \$25.00