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COVER LETTER

	Registration Se Division of Cor			
0110 127	MKMS LL	С		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ren	arn all correspo	ndence concerning this matter	to the following:	
		MICHAEL G KEOTAHL	AN	
			Name of Person	
		MKMS LLC		
			Firm/Company	
		5152 ISLEWORTH COU	STRY CLUB DRIVE	
			Address	
		WINDERMERE, FL 3478	6	
			City/State and Zip Code	
		JULE707@GMAIL.COM	to be used for future annual report not	ification)
For furthe	r information e	oncerning this matter, please c		,
міснає	L G KEOTAH	LIAN	407 3-42-5200	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:		
□ \$25,00	0 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)
	MAII.	ING ADDRESS:	STREET/COUR	HER ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations		
: 	P.O. B	ox 6327 issee, FL 32314	Clifton Building 2661 Executive C	
	i anana	ISSUE, 1717-04-01-4	Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MKMS LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our reco orda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabili Florida document number $\frac{1.17000154485}{1.17000154485}$	ity Company were filed on	and assigned
This amendment is submitted to amend the followin	Ř:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our recor address here: Enter Florida sweet add	77
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	100
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this change	nd complete performance of my duties, ed agent as provided for in Chapter 60, stered office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Registered Agent, Signatur	re of New Registered Agent

MGR = Manager AMBR = Authorized Member						
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action			
IGR	JULIETTE J. KEOTAHLIAN	5152 ISLEWORTH COUNTRY CI				
		WINDERMERE, FL 34786	☐ Remove			
			Change			
			Add			
			☐ Remove			
			☐ Change			
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Effective date, if other than the date of filing:			(optional)	
fan effective date is listed, the date must be specific and cann Note: If the date inserted in this block does not meet t	ot be prior to date of he applicable stati	filing or more than 90 atory filing requirer	days after filing.) I nents, this date w	Pursuant to 605,0207 fill not be listed as
document's effective date on the Department of State'		, .		
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ne record specifies a delayed effective date, The 90th day after the record is filed.	out not an eff	rective time, at	12:01 a.m. o	n the earlier of
« / ,	, —			
Dated	<u>/</u>			
/				
/				
Signature of a memb	er or authorized rep	resentative of a memb	ner	

Page 3 of 3

Filing Fee: \$25.00