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(Requestor's Name)
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PICK-UP WAIT	MAIL
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COVER LETTER

то:		istration Secti ision of Corpo						
CHDIE	er.	MMKMI LLO	C					
SUBJE	.C1;			Name of Limi	ted Liability Co	ompany		
The end	losec	l Articles of Ar	nendment and f	ee(s) are subi	mitted for filir	ıg.		
Please 1	return	all correspond	lence concerning	g this matter (to the followin	ıg:		
			Merrill Matlo	vich				
					Name of	Person		
			MMKMI LLO					
					Firm/Co	mpany		
10600 Garda				Dr				
					Addı	ess		
			Trinity, FL 34	655				
					City/State an	d Zip Code		
			merrill@matlo		o ha used for 6	If the dential par	ort notification	1
For fur	har i	formation con	cerning this ma			nure amuai rej	or nouncation	,
			cerning ims ma	iter, picase ca			22.2	
Merrill	Mati				20 at ()		
		Name of P	erson		Are	a Code	Daytime Telep	hone Number
Enclose	ed is a	check for the	following amou	int:				
X \$25	5.00 F	iling Fee	S30.00 Filin Certificate		Certific	Filing Fee & ed Copy nat copy is enclos		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.C	iling Address: gistration Servision of Cor D. Box 6327 Ilahassee, FL	porations			Division of The Central 2415 N. M.	ion Section of Corporati re of Tallaha	assee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) imited Liability Company)
ility Company were filed on 08/02/2017 and assigned
<u>-</u>
d liability company here:
d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
SS)
- 20 19
NON 6100
2
office address on our records, enter the name of the new register
Enter Florida street address
, Florida
1

If Changing Registered Agent, Signature of New 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 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>	Type of Action
MGR	Kari Matlovich	10600 Garda Dr	□Add
		Trinity, FL 34655	X Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change
			□Add
			□Remove
			
			□Add
			□Remove
	1		□ Change
			□Add
	•		□Remove
			□ Change
			□Remove
			□Change

	Also change the existing EIN 82;2370307 from multi-member to sole-member.						
-	Reallocate 100% of MMKMI LUC shares to Merrill Matlovich						
-							
-							
-							
	1						
-							
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f an ef Note:	ive date, if other than the date of filing:						
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.						
Dated	11-25 2019						
	11 01 11 1						
	Signature of a member or authorized representative of a member						
	Signature of a member or authorized representative of a member Merrill Matlovich						

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