

L17000165424

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D. SCOTT
SEP 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M&K INTERNATIONAL TRADING 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:

ASHRAF AHMED

Name of Person

NATIONWIDE TAX LLC

Firm/Company

24756 STATE ROAD 54 UNIT 105

Address

LUTZ, FL 33559

City/State and Zip Code

AAHMED@NATIONWIDETAX-US.COM

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

For further information concerning this matter, please call:

ASHRAF AHMED

813
at ()

629-8490

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
17 SEP 16 PM 3:14
TALLAHASSEE, FL

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

M&K INTERNATIONAL TRADING 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 AUGUST 03, 2017 and assigned
Florida document number L17000165424.

This amendment is submitted to amend the following:

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

N/A

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)

5202 N 22ND ST.

TAMPA, FL 33610

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5202 N 22ND ST.

TAMPA, FL 33610

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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

Zip 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--------------------------------|---|
| AMBR | NAIMA ELKHATIB | 5202 N 22ND ST, TAMPA FL 33610 | <input checked="" type="checkbox"/> Add |
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Dated AUGUST 22, 2017

Mastafa PL
Signature of a member or authorized representative of a

Typed or printed name of signee