## L17000 246275

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## COVER LETTER

TO: Registration Section

Division of Corporations						
CUBICCT	MKH Prope	erty Management LLC	1			
SUBJECT:		Name of Li	mited Li	ability Co	mpany	<del></del>
		Amendment and fee(s) are sundence concerning this matte		Ï		
		Kimberly A. Hall				
		<del></del>		Name of	Person	<del></del>
		MKH Property Managem	nent LL(			
				Firm/Cor	mpany	
		PO Box 866				
				Addr	ess.	
		Pomona Park, FL 32181				
		kimberly.a.hall@hotmail.	-	/State and	Zip Code	
		, -		sed for fu	ure annual report not	fication)
For further in	nformation c	oncerning this matter, please	call:			
Kimberly A	Hall			386 at (	546-1958	
Name of Person		<del></del>		Code Daytim	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	ı 🗆	Certific	iling Fee & d Copy t copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations ox 6327 assec, FL 32314	:		STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Country Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MKH Property Management 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 December 1, 2017 and assigned Florida document number L17000246275 This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the name registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 or removed	g Authorized Person(s) authorized from our records:	to man	age, enter the	title, name, and address	of each person being added
MGR = M AMBR = A	lanager authorized Member	l l			
<u>Title</u>	<u>Name</u>	,	Address		Type of Action
MGR	Kimberly A Hall	-	PO Box 866; I	Pomona Park FI 332181	Add
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D. If amending any other information, enter cha	ange(s) here:	(Attach additional sheets, if necessary.)	
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If the record specifies a delayed effective da (b) The 90th day after the record is filed.	ite, but not a	n effective time, at 12:01 a.m. on the earli	er of:
January 3	2018		
Dated,			
XIV Signante of a m	ember or authoriz	ed representative of a member	
Kimberly A Hall	:		
	yped or printed	name of signee	
	Page 3	of 3	

Filing Fee \$25.00