1/7000253453

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
•	_	
		
Special Instructions to	Filing Officer:	

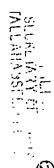
Office Use Only



400307189574

01/02/18--01019--009 **25.00

18 JAN -2 AH 4: 29



COVER LETTER

SUBJECT:				
	Name of Lim	itted Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
•	ű	2		
	Michae	E Keft	cham	
	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Michael E			
		Firm/Company	4	•
	6224	34 - A	ve N	
	-	Address		
	St Pet	ers burg	FL.	33710
	1. V - L-	City/State and Zip/Co	de , /	
	E-mail address: (to be used for flying ann	ual report notifica	ortion)
For further information of	concerning this matter, please co	all:		
Michael	Valaha	72.7	411	1060
Name o	of Person	at (Area Code		
Enclosed is a check for t	he following amount:	1		
\$25.00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy
MAIL	ING ADDRESS:	STRE	ET/COURIER	R ADDRESS:
		Regist	tration Section	
P.O. B	ox 6327	Clif j or	n Building	
i attalle	1000, I L J2J17		assee, FL 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CTM-MK LLC

	ļ		
(Name of the Limited Liability Comps (A Florida Limited	any as it nov Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L170002</u> 53453	y were filed	i on 12/12/1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility comp	oany here;	
The new name must be distinguishable and contain the words "Limited Liabi	ility Compan	y," the designation "LLC" o	r the abbreviation #L.C.'≥ €
Enter new principal offices address, if applicable:			JAK LAK
Principal office address MUST BE A STREET ADDRESS)		·	
	-	• •	A
Enter new mailing address, if applicable:			4: 2
Mailing address MAY BE A POST OFFICE BOX)	- -		
	,		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ress on our records, g	enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street address	
	City	, Florid	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:			·
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performa provid e d f	nce of my duties, and a or in Chapter 605, F.S	I am fumiliar with and S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized to man 1 from our records:	age, <u>enter th</u>	e title, name, and address of e	ach person being added
MGR = N AMBR = A	Aanager Authorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
Member	Michael E Ketcham	6224	34th Ave N	Add
				Remove
				☐ Change
lember	Angela G Ketchan	6224	34th Ave N	Add
				Remove
				☐ Change
	· · · · · · · · · · · · · · · · · · ·	-		
				□ Remove
				Change
<u></u>		•		Add
				Remove
				C Change
				Add
		· · · · · · · · · · · · · · · · · · ·		☐ Remove
				Change
				Add
				Remove
		<u> </u>		Change

		•				
-						
	<u> </u>	<u></u>				
						•
					<u>-</u>	
						
 		······································				
			<u></u>			
<u></u>						=
						JAN
						13 37
						A
			<u> </u>			‡. 2
						 .
-						
-						<u> </u>
	71845-					
ffective date	if other than the dat	o of filings			(4'D	
`an effective date Note: If the dat	is listed, the date must be see inserted in this block octive date on the Depart	specific and cannot be does not meet the a	applicable statute	ling or more than 90 ory filing requirem	(optional) days after filing.) Pur cents, this date will	suant to 605.020 not be listed a
The 90th da	ecifies a delayed eff ay after the record	is filed.				the earlier o
ated	-12-17	······································	·			
	Michael Michael	E to	LAW rauthorized repres	sentative of a membe	er	
		\	- 1			

Page 3 of 3

Filing Fee: \$25.00