L18000047737

Office Use Only



900311315699

04/23/18--01033--033 **25.00

FILED

18 APR 23 PH 3: 30

SLORETARY OF STATE
FALLARIA SEEE TO COLOR

FALLARIA SEE TO COLO

COVER LETTER

TO:	Registration Se Division of Cor			
SUB.	JECT: M&KEx			
		Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		Michael Evans		
			Name of Person	
		M & K Exotic Birds		
			Firm/Company	
		244 Hidden Pines D	Γ	
			Address	·
		Panama City Beach, Flo	rida 32408	
		-	City/State and Zip Code	
		info@mandkexoticbirds.co	om to be used for future annual report notifi	(astion)
For fi	urther information co	oncerning this matter, please ca	·	(Cation)
Mich	hael Evans		at (850) _864-6675	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
Z \$	325.00 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 APR 23 PH 3: 30

SECRETARY OF STATE
ORION

M & K Exotic Birds

(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 Liab Florida document number <u>L18000047737</u>	bility Company	were filed on February 22nd,	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	•
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered office.)	r registered of ce address her	<u>e</u> :	, enter the name of the nev
Name of New Registered Agent:	Northwest Registered Agent, LLC.		
New Registered Office Address:	3030 N. Rocky Point Dr. STE 150A Enter Florida street address		
	Tampa	, Flo	orida 33607 Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this change in the company has been notified in writing of the change in the company has been notified in writing of the change in th	and complete ered agent as p gistered office	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

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 **Type of Action Address** <u>Title</u> Name 244 Hidden Pines Dr Kristina Evans **AMBR** ☐ Add Panama City Beach, FL 32408 ☑ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add **₩** Remaye □ Change] □ **⇔a**dd ☐ Remove ☐ Change □ Add

	 	_	🗆 Remove
	 		Change
,			
	 		□ Remove
	 		Change
r 2			

			<u> </u>			
		· <u>···</u>		· · · · · · · · · · · · · · · · · · ·		
						19 18 T
	···			<u> </u>		B TILE
						市岛 建口
					·	150 W
						30 N
 -				<u>-</u>		
						
						
						
	·					
			45/0040			
fective date, if oth an effective date is liste ote: If the date inser- ocument's effective of	d, the date must be spe rted in this block do	cific and cannot es not meet the	be prior to date applicable sta	of filing or more the	(optional on 90 days after filing the sirements, this date	e will not be listed as
record specifies The 90th day af			out not an e	effective time,	at 12:01 a.m	. on the earlier of
nted <u>15</u> A	Signate	, 20	<u>)18</u> .			
	<i>i</i>) , (

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee