# L19000120081

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	Business Entity Name)
(	Document Number)
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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

SUBJECT:

MK Brown Holdings V, 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:

Kristin Brown

Name of Person

MK Brown Holdings V, LLC

Firm/Company

3322 SE Gran Park Way

Address

Stuart, FL 34997

City/State and Zip Code

kbrown@mkbrownholdings.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy (s enclosed)) S60.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AL TO ARTICLES OF OR OF	
(Name of the Limited Liability Company (A Florida Limited Liab	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on $6/02/19$ and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabilit</u>	<u>y company here</u> :
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	Company," the designation "ELC" or the abbreviation "L.L.C."
(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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mgr	Kristin Brown	3322 SE Gran Park Way	🖬 Add
		Stuart, FL 34997	
			□Change
			🗆 Add
			🖾 Change
			🗋 Add
			Change
			🗆 Add
			Change
			□∧dd
			Change
			Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

December 3 Dated	2020	
	NON	
	Signature of a metaber or authorized representative of a member	
	Kristin Brown	
	Typed or printed name of signee	

Filing Fee: \$25.00