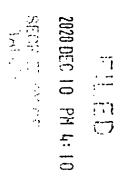
L19000120165

Office Use Only



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12/10/20--01020--001 **575.00



(4)

Jett 1/21/21

COVER LETTER

TO:

TO: Registration So Division of Cor					
	Holdings VII, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kristin Brown				
		Name of Person			
	MK Brown Holdings VII,	LLC			
		Firm/Company	 		
	3322 SE Gran Park Way				
		Address			
	Stuart, FL 34997				
		City/State and Zip Code			
	kbrown@mkbrownholding				
For further information c	n-mail address: (concerning this matter, please c	to be used for future annual report not all:	iffication)		
Kristin Brown		772 362-9500			
Name o	t Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
X \$25,00 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)		
<u>Mailing Address:</u> Registration Section		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of			
ramanassee, l	CL 04014	2410 N. MONT	be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _______ Florida document number <u>L19000120165</u> 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 "L.L.C." 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 new registered agent and/or the new registered office address here: (f,t) Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

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>	Address	Type of Action
Mgr	Kristin Brown	3322 SE Gran Park Way	■Add
		Stuart, FL 34997	□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			
		. 	□Add
		****	□Remove
			Change
			□Add
			□Remove
			□ Change

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Filing Fee: \$25.00