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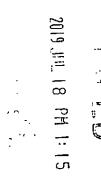
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## **COVER LETTER**

TO: Registration So Division of Co		·				
	MKC GROUP LLC					
SUBJECT:	Name of Limit	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.				
Please return all correspo	ondence concerning this matter t	o the following:				
		KRISTINA CHOI				
		Name of Person				
	МКС	C PROPERTY GROUP LLC				
		Firm/Company				
	2805 E. C	DAKLAND PARK BLVD #394				
		Address				
	FORT I	LAUDERDALE, FL 33306				
		City/State and Zip Code				
		CGroup19@gmail.com o be used for future annual report notifi	ication)			
For further information	concerning this matter, please ca					
KRISTINA CHOI		917 579-8567				
Name	of Person	at () Area Code Daytime	Telephone Number			
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 is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

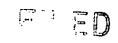
TO:

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



2019 JUL 18 PM 1: 15

	MKC GROUP LLC	
(Name of the Limit	ed Liability Company as it now appears (A Fiorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number <u>L19000168789</u>	iability Company were filed on <u>06/2</u> 	7/2019 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :
	ROPERTY GROUP LLC	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie		
(Principal office address MUST BE A STREE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> ;	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered office address on ffice address here:	our records, enter the name of the new
Name of the Wegistered Agens.	2805 E. OAKLAND PARK BLVI	2 ** 201
New Registered Office Address:		da street address
	FORT LAUDERDALE	Florida
	City	Zıp 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, 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 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 Name Title \_\_\_\_\_ □ Remove \_\_\_\_\_ □ Remove \_\_\_\_\_ Change \_\_□ Remove \_\_\_\_ Change \_\_\_ □ Remove \_\_\_\_\_ Change  $\square$  Add ☐ Remove \_\_\_\_\_ Change □ Add ☐ Remove □ Change

<u>lote:</u> If t	date, if other than the date of filing:	0207 d as
e recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie th day after the record is filed.	er o
ated	7/15/19	
	Signature of a member or authorized representative of a member	
	Signature 11st. member of numerical representative of a member	

Page 3 of 3

Filing Fee: \$25.00