L19600222073

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
:	

Office Use Only

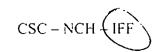


500354594085

11/09/20--01017--030 **25.00

80:11119 6- 40110508

[23:5, 5, 1]



TO:

PHYSICAL: Dept. of State

Division of Corporations 🕡

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Monday, November 02, 2020

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment to Articles of Organization For MK PRESSURE CLEANING, LLC

We have included payment in the amount of \$25.00 for the following fees:

Amendment

We have included one original

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of (Organization or Incorporation) to the address below:

Processing Department 5605 Riggins Court Suite 200 Reno NV 89502

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MK PRES	SURE CLEANING, LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 08/30/2019	and assigned
Florida document number L19000222073		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
MK SERVICES AND CONSTRUCTION, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~
(Principal office address MUST BE A STREET ADDR	RESS)	
		5 77
		9
Enter new mailing address, if applicable:		- · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		- 00
B. If amending the registered agent and/or regis		ter the name of the ne
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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:

anager uthorized Member		
<u>Name</u>	Address	Type of Action
		Add
		☐ Remove
		Change
		☐ Remove
		Change Change
		Remove
		Remove'
		Add
		☐ Remove
		Change
		Add
		Remove
		Change
		□ Add
		Remove
	anager uthorized Member Name	uthorized Member

·	
	20 <u>2</u> 0
	20 <u>0</u> 0 80 V
	2
	
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
aking days if askers they also days of filling	(n=1)-n=1)
etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	
If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	requirements, this date will not be liste
ecord specifies a delayed effective date, but not an effective ting ie 90th day after the record is filed.	ne, at 12:01 a.m. on the earlie $ackslash$
10/08 2020	$\mathcal{A}_{\mathcal{A}}$
_d 10/08 2020	The second secon
/ ($A \mid A \mid$

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00