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

то:	Registration S Division of Co			
SUBJEC		n Holdings VIII, LLC		
SUBJEC	,I:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and feets) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Kristin Brown		
			Name of Person	
		MK Brown Holdings VIII	, LLC	
			Firm/Company	
		3322 SE Gran Park Way		
			Address	
		Stuart, FL 34997		
			City/State and Zip Code	
		kbrown@mkbrownholding	s.com to be used for future annual report no	stification
For furth	er information (concerning this matter, please c	·	ATTECHNATY
Kristin I	Brown		772 362-9500	
	Name o	of Person	at () Area Code Dayti	ime Telephone Number
Enclosed	l is a check for t	he following amount:		
\$ 525.	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 Addre		Street Address:	
	Registration Division of C		Registration S Division of Co	
	P.O. Box 63:	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liabi	Hold (Managers on our records) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L19000 a3</u>	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	DZC DEC 1
(Mailing address MAY BE A POST OFFICE BOX)	
10-ming mine (m. 17-17-17-17-17-17-17-17-17-17-17-17-17-1	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr K	Kristin Brown	3322 SE Gran Park Way	≣ Add
		Stuart, FL 34997	
			□ Change
			□Remove
		□Change	
		□Add	
			□Remove
			□Change
		🗀 Add	
			□Remove
			☐ Change
		□Add	
	·	□Remove	
		□Change	
	 		□Add
			□Change

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Note: If the date inser	her than the date of filing:
he record specifies a del ord is filed.	Played effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated December 3	2020
Dated	Clon-
	Signature of a member or authorized representative of a member [Ch 5h] Brown

Filing Fee: \$25.00