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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



300344028313

05/06/20--01010--024 \*\*25.00

2020 MAY -6 AM 11:02  
RECEIVED  
ALLAHSEE P. CO. INC.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MK Harrison 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:

Mary Kate Harrison

\_\_\_\_\_  
Name of Person

Mary Kate Harrison LLC

\_\_\_\_\_  
Firm/Company

16707 Blenheim Dr.

\_\_\_\_\_  
Address

Lutz, FL 33549

\_\_\_\_\_  
City/State and Zip Code

makaharri@aol.com

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

For further information concerning this matter, please call:

Mary Kate Harrison

813

949-7745

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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2020 MAY -6 AM 11:02  
DEPARTMENT OF  
ALLIANCE AFFILIATES

2020 MAY -6 AM 11:02  
SECURITY - 01  
ALL MARS OFF COMING

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Mary Kate Hanson  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**