L20000 113 905

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



300344028313

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

PALLAHASOFF FLORE

2020 HAY -6 AM 11: C

COVER LETTER

TO: Registration Sec Division of Corp			
MK Harriso			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub.	mitted for filing.	
Please return all correspon	ndence 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		
For further information co	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	titication)
Mary Kate Harrison		813 949-7745	
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	Section
Division of C	orporations	Division of C The Centre of	orporations
P.O. Box 632 Tallahassee, I			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MK Harrison LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on	ล	nd assio	med
lorida document number	<u> </u>		40315	, i.c.a
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	liability company here:			
4K Harrison Consulting LLC				
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or th	e abbreviat	ion "L.L.(C.''
nter new principal offices address, if applicable:		. – ,	Ph.0 530	
Principal office address MUST BE A STREET ADDRESS			- 	,
		77		
		(1)	<u></u>	
nter new mailing address, if applicable:		11.	<u> </u>	
failing address MAY BE A POST OFFICE BOX)				
		<u>-1.</u>	<u>v</u>	
If amending the registered agent and/or registered officent and/or the new registered office address here:	ice address on our records, <u>enter the n</u>	ame of th	ie new r	egiste
Name of New Registered Agent:			- <u>-</u>	
New Registered Office Address:				
	Enter Florida street address	· -		_
	, Florida			
	City		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□ Remove
			□Change
	·		
			□ Add DATE DATE DATE
			AH
			Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Add □Remove
			□ Change

		
	:	
	<u> </u>	1020g
		<u> </u>
		AM 11: 02
ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the	e prior to date of filing or more than 90 days after filing.) Pur	rsuant to 605.03 I not be listed
cument's effective date on the Department of State's re	cords.	
ecord specifies a delayed effective date, but not an effective date, but not an effect is filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90	ith day after t
ted May 1 2020		
The state of the s		
- / / lough ale	Han 3m	
/ Signature of a member of	or authorized representative of a member	

Filing Fee: \$25.00