K20000164688

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	.
(Doo	cument Number)	
Certified Copies	Certificates of	Status
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21 MFR 29 PH 3: 31

COVER LETTER

Registration Section
Division of Corporations

TO:

MK INSPE SUBJECT:	CTION SERVICES LLC Name of Lim		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YANEIXI CONCEPCION		
		Name of Person	
	·	Firm/Company	
	13825 SW 15TH ST	Aldani	
	MIAMI, FL 33184	Address	
	YANEIXIDELE@GMAIL.	City/State and Zip Code	
	_	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
YANEIXI CONCEPCIO	N	786 318-4403	
Name o	f Person	Area Code Daytim	e 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)
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 AFR 29 PM 3: 31

MK INSPECTION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L20000164688</u>	were filed on 06/15/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ulity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member	Address 21 APR 29 PM 3: 31	
<u>Title</u>	<u>Name</u>	Address 21 APR 29 PM 3: 31	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00