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(Requestor's Name)
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S. PRATHER

COVER LETTER

TO: Registration S Division of Co	Section orporations		
	MRK Capita	ad Liability Company	
SUBJECT:	Name of Limite	d Liability Company	
			RECEIVED
The enclosed Articles	of Amendment and fee(s) are subm	itted for filing.	SEP 2 7 2021
	spondence concerning this matter to		
	1 Mart	Name of Person	
		Firm/Company	
	17868 6	SW 44th St	
	√	rina mar Fl. 3302	7
		City/State and Zip Code	
	Magk E-mail address: (t	AVRI 93 @ Gma. Lo be used for future annual report notific	ation)
For further information	on concerning this matter, please ca	all:	
Marke	Me of Person	at (954) 505 - Area Code Daytime	Cl. 5 6. Telephone Number
	for the following amount:	☐ \$55,00 Filing Fee &	☐ \$60,00 Filing Fee.
☐ \$25,00 Filing Fo	ce \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	٩,)	Heracly Pevid)	(additional copy is enclosed)
<u> Mailing A</u>		Street Address:	rtion
Registrat	ion Section	Registration Sec Division of Con	
Division P.O. Box	of Corporations	The Centre of T	allahassee
	(0327 see FL 37314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company The Articles of Organization for this Limited Liability Company Florida document number 35-21,5435	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{7}{31}$
Florida document number 35-21(5425	等
ehis amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12868 SW 49th St
(Principal office address MUST BE A STREET ADDRESS)	12868 SW 49th St Miramar El 33027
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12868 SW 441n st Miramar F1 33027
Name of New Registered Agent:	Address on our records, enter the name of the new registered Kensin Auri Sw 44th 5t Finter Florida street address
	Finter Florida street address (a yha (

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 our removed from our records:

MGR = Manager AMBR = Authorized Member

	no recursion	<u>Address</u>	Type of Action
<u>Title</u>	Name	11 22 NE KILDLIFT 1	□Add
MGR	Bewon Eucher		☑ Remove
		Fort Luveli-viali f1 33305	ØRemove
			Change
MCIR	Knivan peart	bold Rose terrale	□Add
1		plantation Fl 335/7	MRcmove
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fective date, if other than the date of filing:		(optional)	
n effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the	be prior to date of filing or more t	than 90 days after filing.) Purs	
cument's effective date on the Department of State's i		, and an	not or noted to
ecord specifies a delayed effective date, but not an effe is filed.		he earlier of: (b) The 90t	h day after the
			2022
ned <u>September</u> 37 . 30	547.		1985 1985
•	11.1.	. (0V 28 FH 2: 48
Signature of a member	r or authorized representative of a	<u>{</u> . member	<u> </u>
-	•		محسد ولمسا
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