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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| J. HORNE APR 10 2024 | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
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| | мікі | DESING LLC | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| | f Amendment and fee(s) are sub | - | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | 1 | KAROL L LOPEZ URIBE | |
| | | Name of Person | |
| | KA | Ruyn/ | · |
| | | Firm/Company | |
| | | 3 ISLAND AVE APT 12L | |
| | | Address | |
| | | MIAMI, FL 33139 | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | fication) |
| For further information | concerning this matter, please c | all: | |
| KAROL L LOPEZ | | 305 336-8373 | |
| Name | of Person | | e 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 | | Street Address: Registration Sec Division of Corp The Centre of T | porations |
| Tallahassee, | | | e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2024 MAR 27 AM 10: 31

MI K DESING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 02/05/2021 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L21000063034 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MLK DESIGN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida

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.

City

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 |
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| | ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 | |
| Note: If the date inserted in this block d document's effective date on the Departs | es not meet the applicable statutory filing requirements, this date will not be listed tent of State's records. | as the |
| he record specifies a delayed effective date ord is filed. | but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the | he |
| Dated FEBRUARY 22 | . 2024 | |
| - 6: | KAPULUM | |
| Signa | ure of a member or authorized representative of a member | |
| | KAROL L LOPEZ URIBE Typed or printed name of signee | |

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Filing Fee: \$25.00