

L21000089354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

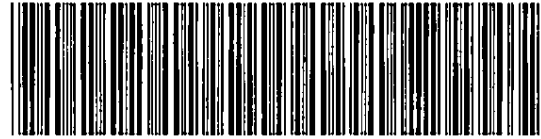
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600361058686

03/08/21--01028--017 **30.00

FILED
2021 MAR -8 PM 2:24
CLERK OF THE STATE
TREASURY, FL

4/29/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M&K INSURANCE AND MORE 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:

MARIUSKA MESTRIL

Name of Person

MARIUSKA MESTRIL

Firm/Company

4809 SW 41 ST APT 108

Address

PENBROKE PARK 33023

City/State and Zip Code

mariuska1539@gmail.com

E-mail address. (to be used for future annual report notification)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 MAR -8 PM 2:24

FILED

For further information concerning this matter, please call:

MARIUSKA

954 8166344

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

M&K INSURANCE AND MORE 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 were filed on _____ and assigned
Florida document number L21000089354.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M&K INSURANCE AND MORE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4809 SW 41 ST APT 108

PEMBROKE PARK 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2021 MAR -8 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL

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:

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 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>
MGR	MARIUSKA MESTRIL		<input type="checkbox"/> Add
		4809 SW 41 ST APT 108 PEMBROKE PARK 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIUSKA MESTRIL		<input type="checkbox"/> Add
		4809 SW 41 ST APT 108 PEMBROKE PARK 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIUSKA MESTRIL		<input type="checkbox"/> Add
		4809 SW 41 ST APT 108 PEMBROKE PARK 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Nota; in this case all i am doing is removing my name that by human error was put 3 times with the same address
and thereforei cannot open an account at the bank in my case I am alone everything else remains the same it is
only to remove the 3 names of mine and address .

Thak you

MARIUSKA MESTRIL

M&K INSURANCE AND MORE LLC

FILED
2021 MAR -8 PM 2:21
STATE

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 03/04/2021

Signature of a member or authorized representative of a member

MARIUSKA MESTRIL

Typed or printed name of signee