

K21 000119708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

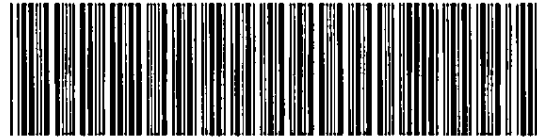
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCKINLEY SERVICES, 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:

ANGELA C. JIMENEZ

Name of Person

MCKINLEY SERVICES, LLC

Firm/Company

14519 N. 18TH STREET

Address

TAMPA, FL 33613

City/State and Zip Code

acjimenez@ak.net

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

For further information concerning this matter, please call:

ANGELA C. JIMENEZ

907

529-5515

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**

FILED
2022 AUG -2 PM 4:33

MCKINLEY 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 were filed on 03/12/2021 and assigned
Florida document number L21000119708

This amendment is submitted to amend the following:

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

N/A

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)

14519 N. 18TH STREET

TAMPA, FL 33613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14519 N. 18TH STREET

TAMPA, FL 33613

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:

N/A

New Registered Office Address:

14519 N. 18TH STREET

Enter Florida street address

TAMPA

City

, Florida 33613

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(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)

Filing Fee: \$25.00

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000119708

Entity Name: MCKINLEY SERVICES, LLC

Current Principal Place of Business:

8807 CITRUS VILLAGE DRIVE
APT 105
TAMPA, FL 33626

Current Mailing Address:

8807 CITRUS VILLAGE DRIVE
APT. 105
TAMPA, FL 33626 US

FEI Number: 36-4810793

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JIMENEZ, ANGELA C
8807 CITRUS VILLAGE DRIVE
105
TAMPA, FL 33626 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	GENERAL MANAGER
Name	JIMENEZ, ANGELA C	Name	MORALES, KIARA C
Address	8807 CITRUS VILLAGE DRIVE 105	Address	8807 CITRUS VILLAGE DRIVE APT. 105
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33626