121000119708

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(cooment tempo)
Codifical Conins
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
.1
57,0/24

Office Use Only



600391812626

08/02/22--01023--001 ++60.00

2022 AUS -2 PH 4: 33

COVER LETTER

TO:

	istration Se ision of Cor			
SUBJECT:	MCKINL	EY SERVICES, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		ANGELA C. JIMENEZ		
		<u> </u>	Name of Person	
		MCKINLEY SERVICES,	LLC	
		<u> </u>	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 no	tification)
For further in	nformation c	oncerning this matter, please co	all:	
ANGELA C	. JIMENEZ		907 529-5515	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	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		Street Address: Registration S	ection	
		forporations	Division of Co	
P.C). Box 632	7	The Centre of	
Tal	lahassee, I	FL 32314	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG -2 PH 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 Florida document number L21000119708		were filed on $\frac{03/13}{2}$	2/2021 and assigned	
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	<u>e:</u>	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	14519 N. 18TH STREET		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FL 33613		
		14519 N. 18TH S'		
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:		address on our rec	ords, <u>enter the name of the new register</u>	
New Registered Office Address:	14519 N. 18TH	STREET		
- 500 September 5 Hours Andrews		Enter Florid	a street address	
	TAMPA		, Florida ³³⁶¹³	
		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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
 			□ Add
			□Remove
			□Change
··			□Add
			□Remove
			□Change

					_ 		
				· ' · ·			
	<u></u>						
	.						
_					·		
		<u> </u>				• • • • • • • • • • • • • • • • • • • •	
					- 		
						· · · · · ·	
		<u>.</u> <u>.</u>					
		****	<u> </u>				
							
Effective	ve date is listed, the d he date inserted in	an the date of fil date must be specific this block does no n the Department of	and cannot be prior of meet the applic	to date of filing or mo	(option re than 90 days after f requirements, this	nal) iling.) Pursuant to 605.0 date will not be listed)207 (d as t
lf an effectiv <u>Note:</u> If th							
If an effective Note: If the document's document's record sp	occifies a delayed o	effective date, but	not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	the
If an effective Note: If the document's document's e record spord is filed.	occifies a delayed o	effective date, but	not an effective ti 2022	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	the
If an effective Note: If the document of the document of the record sport is filed.		effective date, but		me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	the
If an effectiv Note: If the document' e record sp rd is filed.		le/c	. 2022 WW	me, at 12:01 a.m. o		The 90th day after	the

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 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

FILED Jan 21, 2022

Secretary of State

0246953987CC

Certificate of Status Desired: Yes

Authorized Person(s) Detail:

Title Name

Address

MGR

JIMENEZ, ANGELA C

8807 CITRUS VILLAGE DRIVE

City-State-Zip: TAMPA FL 33626

Title

GENERAL MANAGER

Name Address MORALES, KIARA C

8807 CITRUS VILLAGE DRIVE

City-State-Zip: TAMPA FL 33626

CVCOUTIVE DIDEATAD

APT. 105

1 hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.