## 121000352263

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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
	ademy LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cynthia Headings		
		Name of Person	
	M&K'z Academy LLC		
	-	Firm/Company	
	11997 S Aster Pt		
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Cynthia Headings  Name of Person  M&K'z Academy LLC  Firm/Company  11997 S Aster Pt  Address  Floral City, FL 34436  City/State and Zip Code  mandkzacademy2021@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:		
	Floral City, FL 34436		
		City/State and Zip Code	
•			ification)
For further information c	oncerning this matter, please c	all:	
Cynthia Headings			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ation
•		_	
	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&K'z Academy LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L21000352263}{L21000352263}$	ny were filed on 08/04/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
MK'z Academy LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
		1413
Enter new mailing address, if applicable:		2 . 7
(Mailing address MAY BE A POST OFFICE BOX)		
		6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, 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 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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Note: If the d	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	onal) filing.) Pursuant to 605.020's date will not be listed as
e record speci rd is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	) The 90th day after the
August	st 10 2021	
-	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00