## 122000072061

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| (Requestor's Name)                      |               |
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| (City/State/Zip/Phone #)                |               |
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| PICK-UP WAIT MAIL                       |               |
|   |               |
| (Business Entity Name)                  | <del></del> - |
|   |               |
| (Document Number)                       |               |
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| Certified Copies Certificates of Status |               |
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| Special Instructions to Filing Officer: |               |
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T. MATTHEWS MAR 16 2022

## **COVER LETTER**

| MID INCOM      | RKMK Hol     | dings LLC                                 |   | 3   |
|----------------|--------------|---|---|---|
| SUBJECT:       |              | Name of Limi                              | ted Liability Company   |   |
| The enclosed   | Articles of  | Amendment and fee(s) are sub-             | mitted for filing.  |   |
| Please return  | all correspo | ndence concerning this matter             | to the following:   |   |
|                |              | Michael Kadlee                            |   |   |
|                |              |   | Name of Person  | <del></del>   |
|                |              | Kadillac Enterprises LLC                  |   |   |
|                |              |   | Firm/Company  |   |
|                |              | 35595 US Hwy 19N #189                     |   |   |
|                |              |   | Address   |   |
|                |              | Palm Harbor, FL 34684                     |   |   |
|                |              |   | City/State and Zip Code   |   |
|                |              | kadillacenterprises@gmail.c               | com<br>to be used for future annual report notif                    | ication)  |
| For further is | nformation c | oncerning this matter, please ca          | -   |   |
| Michael Kad    | llec         |   | 952 484-1248<br>at ()   |   |
|                | Name o       | f Person                                  | Area Code Daytime   | : Telephone Number  |
| Enclosed is a  | check for th | ne following amount:                      |   |   |
| □ \$25.00 F    | Filing Fee   | S30.00 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

22 817 -7 177 3: 13

| RKMK Holdings LLC  |  |                                    |
|--|--|------------------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida L   | Company as it now appears on our r<br>limited Liability Company) | ecords.)                           |
| The Articles of Organization for this Limited Liability Con<br>Florida document number <u>L22000072061</u> | mpany were filed on February 11,                                 | 2022 and assigned                  |
| This amendment is submitted to amend the following:  |  |                                    |
| A. If amending name, enter the new name of the limite  | ed liability company here:                                       |                                    |
| The new name must be distinguishable and contain the words "Limite   | ed Liability Company," the designation                           | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  | <del>.</del>                       |
| (Principal office address MUST BE A STREET ADDRE   | <u> </u>   |                                    |
|  | <u> </u>   |                                    |
|  |  |                                    |
| 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, e                                 | nter the name of the new register  |
| agent and/or the new registered office address here:   | · ·  | -                                  |
| Name of New Registered Agent:  |  |                                    |
| New Registered Office Address:   |  |                                    |
|  | Enter Florida street o   | 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 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 |
|---------------------------------------|--------------|------------------------------------|----------------|
| MGR                                   | Melissa Katz | 9850 S Maryland Pkwy, Suite A5-319 | 🗐 Add          |
|                                       |              | Las Vegas, NV 89183                | □Remove        |
|                                       |              |                                    | Change         |
|                                       |              |                                    | 🗖 Add          |
|                                       |              |                                    | □Remove        |
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| f amending any other inforn  |   |                               |   |               |
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| ffective date if other than t  | ne date of filing:                            |                               | (optional)  |               |
| an effective date is listed, the date name of the date inserted in this locument's effective date on the | block does not meet the application           | cable statutory filing requir | (optional) 90 days after filing.) Pursuant to 605 rements, this date will not be list | 6.020<br>ed a |
| record specifies a delayed effect<br>d is filed.   | ive date, but not an effective t              | ime, at 12:01 a.m. on the c   | earlier of: (b) The 90th day afte   | r the         |
| Pebruary 28  | 2022  | ·                             |   |               |
|  | Michael Kool<br>Signature of a member or auth | orized representative of a me | mber  |               |
| Michael Kadlec   |   |                               |   |               |
| <del></del>  | Typed or prin                                 | ted name of signee            | ·····   |               |

Filing Fee: \$25.00