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To:

Division of Corporations

Fax Number : (850)617-6383

ԲՐՕՊ:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 : (954)842-2931 Phone : (954)842-2936 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please;

Email Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MK PHOTOGRAPHY BY KARINA, L.LC.

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COVER LETTER

		C.	
Division of Corporations MK PHOTOGRAPHY BY KARINA, LLC. Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: BIRMAN, KARINA Name of Person MK PHOTOGRAPHY BY KARINA, LLC. Firm/Company 20335 WEST COUNTRY CLUB DR. 509 Address AVENTURA, FL 33180 City/State and Zip Code karinabirman@granil.com 6-mail address: to be used for feture annual report notification) For further information concerning this matter, please call: BIRMAN, KARINA Name of Person 4 (584-8801) Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Certific of Tallahassee			
776	C	unional for Glina	
Please return all corresp	ondence concerning this matter	to the following:	
	BIRMAN, KARINA		
		Name of Person	
	MK PHOTOGRAPHY BY	Y KARINA, L.LC.	
		Firm/Company	
	20335 WEST COUNTRY	CLUB DR. 509	
		Address	
	AVENTURA, FL 33180		
	karinahirman@mmail.com	City/State and Zip Code	_
		to be used for future annual report notifi-	cation)
For further information	concerning this matter, please c	all:	
birman, Karina			
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Division of	Section Corporations 27	Registration Sec Division of Corp The Centre of Ta	oorations allahassee Street, Suite 810

1.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MK PHOTOGRAPHY BY KARINA, L.LC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>05/26/2022</u>	and assigned
Florida document number L22000245260		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MK PHOTOGRAPHY BY KARINA. LLC.		
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or th	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
- 		
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office address here:		.7
Name of New Registered Agent:		
New Registered Office Address:		· P
New Registered Office Address.	Enter Florida street address	7.
	rii a ant al a	<u> </u>
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

おきをし

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>	Name	Address	Type of Action
			□Add
		<u></u>	
			Change
			□Remove
			□ Change
			□Remove
			□ Change
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	nan the date of filing: date must be specific and canno in this block does not meet th in the Department of State's	e applicable st	stutory filing requ	rirements, this da	l) ng.) Pursuant to 605.0: te will not be listed	207 (3) as the
if the record specifies a delayed record is filed.	effective date, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after t	he
Dated	. 202					
	Karina E					
	Signature of a membe	r or authorized r	epresentative of a r	nember		
BIRMAN, KA	RINA					

Filing Fee: \$25.00