29/6/000

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Office Use Only



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· 2/8/2023

COVER LETTER

Division of Co	rporations		
	cipases 110		
SUBJECT:	Name of Lin	mted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kerrie Olejarz		
		Name of Person	
	The Nurses Station USA		—
		Fini/Company	
	220 Oakfield Drive		_
		Address	
	Brandon, Florida 33511		
		City State and Zip Code	
	kerricolejarz@gmail.com	to be used for future annual report n	ottlication)
For further information c	concerning this matter, please c		
Kerrie Olejarz		416 655-4743	
Name o	of Person		time Telephone Number
inclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration S	
Division of Co P.O. Box 632	•	Division of C The Centre of	
1.Q. DON 032	,	The Come of	

Tallahassee, FL 32314

TO.

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 FEB - 7 AM

MKO Enterprises LEC

(Name of the Limited Liability Company by it now appears on our records.)
(A Florida Limited Liability Company)

SEGRE : 17 TALLELASSE

The Articles of Organization for this Limited Liability Compan	y were filed on December 27, 2022	and assigned
Florida document number 1.23000001290		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	sility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 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 or removed from our records:

٠.	MGR = AMBR	Manager Authorized Member		
-	<u>Title</u>	Name	Address	1 ype of a
	MGR	Mark Olejacz	U08 Parkgate Cles) Add
			Burlington, Ontario Canada 1 7M TRT	{ Reme
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	AMBR	Kerrie Olejaiz	3105 Parkgate Cres =	LIAdd
			Burlington, Ontario Canada L7M 1R1	IRemon
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an effective date is listed, the core: If the date inserted in	late must be specific and	d cannot be prior to c neet the applicable	late of liling or mor e statutory filing	e than 90 days after requirements, this	filing.) Pursuant to 605 s date will not be list
ocument 8 effective date of					
record specifies a delayed constitute.	effective date, but not	an effective time.	at 12:01 a.m. or	the earlier of: (b) The 90th day afte
record specifies a delayed c is filed.		2023) The 90th day afte
record specifies a delayed c		2023) The 90th day afte
record specifies a delayed c is filed.	Signature of a fi	2023	d representative o	a member) The 90th day afte

Filing Fee: \$25.00