

**Division of Corporations** 



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To:

Division of Corporations Fax Number : (850)617-6383

From:

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Account Name	:	REGISTERED AGENTS	INC
Account Number	:	120090000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	
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Email Address:\_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&K ESTATE RENTALS LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

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M&K ESTATE RENTALS LLC (Name of the Limited Liability Company (A Florida Limited Liability Company)	<u>, as it now appears on our records.)</u> ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L23000083829	ere filed on 02/15/23	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Shekeisha Jones LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbre-	viation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:  $\sim$ 

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Name of New Registered Agent:			d¥	
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New Registered Office Address:			ω	프갈감
<u></u>	Enter Florida street address			<u> </u>
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	Florida		<u> </u>	<u> </u>
	Chy	Zip	<u>Code</u>	
			F	

## 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the (If an effective date is listed, the date main <u>Note:</u> If the date inserted in this b document's effective date on the I	ist be specific and cannot be prior lock does not meet the applica	able statutory filing require	ments, this date will not be l	605.0207 (3)(b) listed as the
If the record specifies a delayed effecti- record is filed.	ve date, but not an effective ti	me, at 12:01 a.m. on the ca	rlier of: (b) The 90th day a	fter the
Dated April 13	. 2023			
Dated April 13 Relation for	×7.47			
1	Signature of a member or autho	prized representative of a men	iber	
Robin Jone	S			

Typed or printed name of signee