## <u>AL230002</u> 63493

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JUN 1 6 2023





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## **COVER LETTER**

Registration Section Division of Corporations

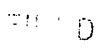
## INVESIONES MKF LLC

SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FRANK ESTEPA		
		Name of Person	
	INVERSIONES MKF LLC		
		Firm/Company	<del></del>
	1650 SAND LAKE RD ST	E 233	
		Address	
	ORLANDO, FL 32809		
	info@tbhg.biz	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please or	all:	
FRANK ESTEPAN		407 988-3362	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	C \$55.00 Eiling Fee &	C \$40.00 Eiling For
LI 325,00 FIIIING 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**





2023 JUN 16 AM 8: 05

INVESIONES MKF LLC		SECRETARY : TALL ANASSES
(Name of the Limited I	iability Company as it now appears of Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	/2023 and assigned
Florida document number L23000263493	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here	;
NVERSIONES MKF LLC		
he new name must be distinguishable and contain the words	s "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
since new maning address, it applicable.		
Mailing address MAY BE A POST OFFICE BO		
,		
,	x) stered office address on our reco	
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or regis	x) stered office address on our reco	
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or registered and/or the new registered office address h	x) stered office address on our reco	
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or registered and/or the new registered office address have a Name of New Registered Agent:	stered office address on our reco	
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or registered and/or the new registered office address have of New Registered Agent:	stered office address on our reco	ords, enter the name of the new registe
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or registered and/or the new registered office address have of New Registered Agent:	stered office address on our reco	ords, enter the name of the new register
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or registered and/or the new registered office address have of New Registered Agent:	stered office address on our reco	ords, enter the name of the new register  a street address , Florida

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:

MCR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
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	06/16/2023	_
Note: If the date inserted in this	the date of filing:	605.0207 (3)(b listed as the
If the record specifies a delayed efference or filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day s	after the
JUNE 16	2023	
Dated	tstepa	
	Signature of a member or authorized representative of a member	-
FRANK ESTEPA / A	AMBR	

Filing Fee: \$25.00

Typed or printed name of signee