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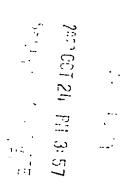
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:

TO: Registration Se Division of Cor							
SUBJECT: MWK FAN	MILY HOLDINGS ELC						
	Name of Lim	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:					
	Albert Boyd						
		Name of Person					
	MWK FAMILY HOLDIN	IGS LLC					
		Firm/Company	<u></u>				
	13833 WELLINGTON TE	RACE	-1				
		Address	275				
	WELLINGTON, FL 3341	4	1.00				
		City/State and Zip Code	21,				
	aboyd@talonpointcapital.co	om	P				
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	7072 CCT 21, PH 3: 57				
Albert Boyd		at (561) 460-6279	, , ,				
Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 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		Street Address:	etion				
Registration S Division of C		Registration Se Division of Co					
P.O. Box 632	-	The Centre of Tallahassee					
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

New Registered Office Address:

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.

Enter Florida street address

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	MWK MANAGEMENT LLC	13833 WELLINGTON TRACE	□Add
		WELLINGTON, FL 33414	Remove
			Change
MGR	Albert L. Boyd, Jr., Trustee	13833 WELLINGTON TRACE	■Add
		WELLINGTON, FL 33414	Remove 20 Change 21
.MGR	Lenyce G. Boyd, Trustee	13833 WELLINGTON TRACE	Name of the second sec
		WELLINGTON, FL 33414	CD□Remove
			Change
			□Add
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ctive date, if other than the date of filing:		C CT		(opti			
effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the a	applicable						
iment's effective date on the Department of State's rec	cords.						
ord specifies a delayed effective date, but not an effect	tive time	at 12:01 a	m on the e	rlier of: (1	5) Th	e 90th	day after th
filed.	me mine.	ut 12.01 a.	in on the co		,,	c /0	day anter a
od October 17 2023							
allet 3m.							
Signature of a member or							