

L24000051756

HA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

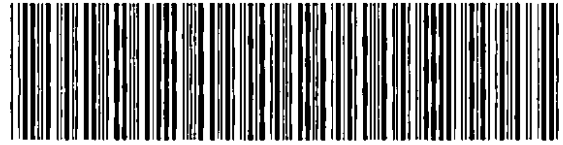
(Document Number)

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2024 DEC -5 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:           MK GROUP INTERNATIONAL LLC            
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

          c/o RICHARD BERTOSSA          

Name of Person

          5 FLAGS INCUBATION LLC          

Firm/Company

          2880 WEST OAKLAND PARK BLVD SUITE 118          

Address

          FORT LAUDERDALE, FL 33311          

City/State and Zip Code

          office@freedomnow.site          

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

          JENNY DE TOGORES          

Name of Person

at (           484           )

Area Code

          473 1392          

Daytime Telephone Number

Enclosed is a check for the 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:

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

MK GROUP INTERNATIONAL LLC

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

The Articles of Organization for this Limited Liability Company were filed on JANUARY 29, 2024 and assigned  
Florida document number L24000051756.

This amendment is submitted to amend the following:

A.If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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*)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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:

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 being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member


| Title | Name  | Address                       | Type of Action                             |
|-------|---|-------------------------------|--|
| MGR   | PEPIJN WAGENAAR   | 2880 WEST OAKLAND PARK BLVD   | <input type="checkbox"/> Add               |
|       |   | SUITE 225 C                   | <input checked="" type="checkbox"/> Remove |
|       |   | FORT LAUDERDALE, FL 33311     | <input type="checkbox"/> Change            |
| AMBR  | ASSOCIATION FOR IMPROVING THE QUALITY OF LIFE OF ADHD SUFFERERS | SCHONBRUNNER STRASSE 35/TOP 4 | <input checked="" type="checkbox"/> Add    |
|       |   | VIENNA 1050 AUSTRIA           | <input type="checkbox"/> Remove            |
|       |   |                               | <input type="checkbox"/> Change            |
|       |   |                               | <input type="checkbox"/> Add               |
|       |   |                               | <input type="checkbox"/> Remove            |
|       |   |                               | <input type="checkbox"/> Change            |
|       |   |                               | <input type="checkbox"/> Add               |
|       |   |                               | <input type="checkbox"/> Remove            |
|       |   |                               | <input type="checkbox"/> Change            |
|       |   |                               | <input type="checkbox"/> Add               |
|       |   |                               | <input type="checkbox"/> Remove            |
|       |   |                               | <input type="checkbox"/> Change            |
|       |   |                               | <input type="checkbox"/> Add               |
|       |   |                               | <input type="checkbox"/> Remove            |
|       |   |                               | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  
filed.

November 5th, 2024



RICHARD BERTOSSA

Typed or printed name of signee

Filing Fee: \$25.00