LZ40000688 Z1

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:

TO: Registration Se Division of Cor				
SUBJECT: M	BK Construc Name of Lim	tion Group, and Liability Company	LIC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
• •	Je	Name of Person	7	
	<u> </u>	GK Construction	2	
	3450 Lake	Side Dr. Sui	H 301 SEC	•===1
	Miraman.	City State and Zip Code Ongle Grp. Com to be used for fourelannual report no	7 - 6	ال الما الما الما الما الما الما الما ا
	E-mail address: ((a) mg/c grp. Com to be used for fluared annual report no	tification)	; ; messa
For further information co	oncerning this matter, please co	all:		-
Je www. Name of	Person JO	at (<u>954</u>) <u>448</u> Area Code Daytii	F - 2-570 ne Felephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres Registration S	Section	Street Address: Registration Se		
Division of C P.O. Box 632	•	Division of Co The Centre of	•	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L240000 68821. 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 "L.L.C." 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 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:

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.

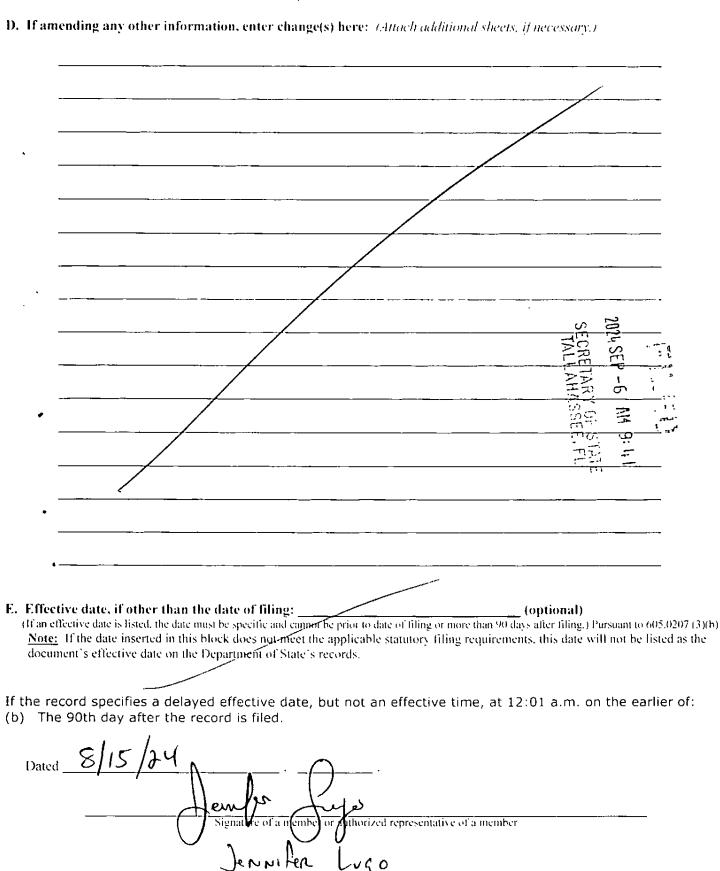
If Changing Registered Agent, Signature of New Registered Agent

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
<u>ambr</u>	Jennifur Lupo	7450 LAKESIDE Dr. MIRAMAR, FL 33027	TAdd
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