2/2/25, 5:11 PM

Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MGK CREATIVE LLC

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Help

From: Candace Pringle

## **COVER LETTER**

	egistration Sec ivision of Corp				
com mecon	MGK CRE/	ATIVE LLC			
SUBJECT	:	Name of Limi	ited Liability Company		_
The enclose	ed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspor	dence concerning this matter	to the following:		
		Erik Treutlein			
			Name of Person	<u> </u>	
		Legalzoom.com, Inc.			
	Firm/Company			<del>_</del>	
9900 Spectrum Dr					
Address			<del></del>		
		Austin, TX 78717			
			City/State and Zip Code	_	
		mgk.creative.llc@gmail.com			_
		E-mail address: (t	o be used for future annual r	eport notification)	
For further	information co	ncerning this matter, please ca	ill:		
Erik Treut	lein		800 773 at ()	-0888	
•	Name of	Person	Area Code	Daytime Telephone Num	ber
Enclosed is	a check for the	following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif osed) Certif	Filing Fee, feate of Status & fied Copy final copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Τo·

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGK CREATIVE LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000257091	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	htty Company," the designation "LLC" or the abbreviation "L.L.C."
	2020 PRAIRIE AVE APT 305
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 33139
Trincipal office address Prost Br. 151RELLT TOP NESSY	
Enter new mailing address, if applicable:	2020 PRAIRIE AVE APT 305
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH, FL 33139
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:	······································
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

/S/

If Changing Registered Agent, Signature of New Registered Agent

To: Page: 5 of 6 2025-02-02 14:13:06 PST LegalZoom.com, Inc. From: Candace Pringle

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
AMBR	KELLY, MADISON G		□ Add
			☐ Remove
		2020 PRAIRIE AVE APT 305 MIAMI BEACH, FL 33139	≅ Change
			Add
			☐ Remove
			☐ Change
			Remove
			□ Change
			□ Add
			☐ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			☐ Remove
			Change

	Page: 6 of 6	2025-02-02 14:13:06 PST	LegalZoom.com, Inc.	From: Candace I
D. If amen	iding any other infor	mation, enter change(s) here: (Atta	ach additional sheets, if necessary.)	
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E. Effectiv	e date, if other than t	the date of filing:	(optional)	
(If an effec	tive date is listed, the date	must be specific and cannot be prior to date of	(optional) of filing or more than 90 days after filing.) Pursuant	to 605.0207 (3)(b)
<u>Note:</u> H	f the date inserted in this	s block does not meet the applicable sta e Department of State's records.	tutory filing requirements, this date will not	be listed as the
(11/50/1/10/				
7f kk = :		and officialize data but ast == =	ffective time at 13:01 a.m. on the	parlior of
	ord specifies a delay 90th day after the r		ffective time, at 12:01 a.m. on the	earner or,
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	02/02	. 2025		
1"\ • = .1		·		
Dated _				
Dated _	/S/ MADISON	G KELLY		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00