(Requestor's Name)	
(Requestors Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
<u> </u>	
PICK-UP WAIT	MAIL
(Business Entity Name)	<del></del> -
,	
(Document Number)	
(2004)	
Cartified Capies Cartificates of St	ntue.
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	

Office Use Only



900272911959

05/20/15--01022--009 \*\*30.00

SECRETARY OF STATE
SIVISION OF CORPORATIONS
15 JUL - 1 AM 8: 00

JUL 02 2016 T SCHROEDER



June 18, 2015

DANIELLE MEDEROS 7925 NW 12 ST #407 DORAL, FL 33126

SUBJECT: MCK MANAGEMENT SERVICES LLC

Ref. Number: M10000002938

We have received your document for MCK MANAGEMENT SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder Regulatory Specialist II

Letter Number: 615A00012868



RECEIVED

15 JUN 18 PM 2:51

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 21, 2015

DANIELLE MEDEROS 7925 NW 12 ST #407 **DORAL, FL 33126** 

SUBJECT: MCK MANAGEMENT SERVICES LLC

Ref. Number: M10000002938

We have received your document for MCK MANAGEMENT SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Terri J Schroeder Regulatory Specialist II

Letter Number: 515A00010808

www.sunbiz.org

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Depart	rtment	of
State: MCK Management Services LLC		_
2. The Florida document number of this limited liability company is: M10000002938	<del>55</del>	NVISION
3. Jurisdiction of its organization: Delaware	는 <u>-</u>	ETAR OF OF
4. Date authorized to do business in Florida: June 30, 2010	-	SRP PP-
SECTION II (5-9 complete only the applicable changes)	8: 00	STATE
5. New name of the limited liability company: McKenzie Capital LLC (must contain "Limited Liability Company, ""L.L.C.," or	_	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited L Company," "L.L.C." or "LLC.")  6. If amending the registered agent and/or registered office address on our records, enter the the new registered agent and/or the new registered office address here:  Name of New Registered Agent:	iability	
New Registered Office Address:  Enter Florida Street Address	<del></del>	_
Florida		
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 furcomply with the provisions of all statutes relative to the proper and complete performance duties, and I am familiar with and accept the obligations of my position as registered agen provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chargestered office address, I hereby confirm that the limited liability company has been notified writing of this change.	of my it as inge in	ı the
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:		

Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Add
			☐ Remove
			SECRETO AND
			- Renigned
			RAIIONS
			☐ Remove
			□ Add
			Remove
aforementioned	amendment(s), duly authenticated the law of which this entity	han 90 days old, evidencing the ated by the official having custo is organized.  he authorized representative	

Filing Fee: \$25.00

# Delaware

PAGE :

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MCKENZIE CAPITAL LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS.

OFFICE SHOW, AS OF THE EIGHTH DAY OF MAY, A.D. 2015.

4813956 8300

150641700

AUTHENTY CATION: 2362885

DATE: 05-08-15

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 02:52 FM 05/08/2015 FILED 02:52 PM 05/08/2015 SRV 150641695 - 4813956 FILE

#### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

:	4		*****	
· :The Certificate of	Formation of the limited	d liability compan	v is hereby amende	-d
as follows:	· · ·	a madinity compan	y is notoby unional	<b>50</b>
McKenzie Cap	ital LLC		tage to the second to the	
	e de la companya de	· · · · · · · · · · · · · · · · · · ·		
1 1 N 1		4.		
	•	••••		
	and the second s	en la companya de la		
<u> </u>				
IN WITNESS WI	HEREOF, the undersign	ned have executed	this Certificate on	
the 8	day of May		, A.D. 2015	
			· · · · · · · · · · · · · · · · · · ·	
		7		
	Bv			
		Authorize	d Person(s)	
	Name		lsen	
	Name:	John Lie-Nie	· · · · · ·	<del> </del>
	Name:	John Lie-Nie	lsen orTypc	
	Name:	John Lie-Nie	· · · · · ·	
	Name:	John Lie-Nie	r Type	· · · · · · · · · · · · · · · · · · ·
	Name:	John Lie-Nie	r Type	
	Name:	John Lie-Nie	r Type	******* · · · · · · · · · · ·
		John Lie-Nie Printo	тТурс	
		John Lie-Nie	or Type	
		John Lie-Nie Printo	тТурс	