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Office Use Only



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3/14/23 VLNG FILED
2023 JAN -3 AM 7:58
SECRETARY OF STATE

COVER LETTER

	ration Secti on of Corpo			
SUBJECT:	undamental l	Market, LLC		
	-	Name of Lim	ited Liability Company	
		nendment and fee(s) are sub-	-	
Please return al	l corresponde	ence concerning this matter	to the following:	
		LEXIE RIVERS		
			Name of Person	
		PRIME CORPORATE SE	RVICES	
			Firm/Company	
		5250 S COMMERCE DR	STE 200	
			Address	
		MURRAY, UT 84107		
			City/State and Zip Code	
	-	hb.cochran21@gmail.com E-mail address: (t	o be used for future annual report notific	cation)
For further info	rmation cond	erning this matter, please ca		
LEXIE RIVER	S		855 577-4639	
	Name of Pe	rson		Telephone Number
Enclosed is a ch	neck for the f	ollowing amount:		
■ \$25.00 Filir	ng 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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

our records.)
022 and assigned
tion "LLC" or the abbreviation "L.L.C."
75 Z3 J
A .
NAME OF THE SECOND PARTY O
SSEE
records, enter the name of the new
reet address
, Florida

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:

AMBR = A	uanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			🗆 Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			🗆 Remove
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		Remove
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		🗖 Add
		Remove
		Change
		Add
		🗆 Remove
		Change
	 	Add
		□ Remove
		Change
	 	
		Remove
		Change
	 	
		🗆 Remove
		Change

	tive date, if other than the date of filing: (optional) fective 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 (optional)
Note:	Tective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
docun	nent's effective date on the Department of State's records.
note: docum ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 2022
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Filing Fee: \$25.00