L21000016291

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•	
SUBJECT:	Sell MARKET		·
	Name of Limi	ited Liability Company	ID# 86-1630662
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Da	niel Borain	
	Sell	Market WIN LC Firm/Company	C
	115 7574 5	T. West PO R	ox 14668
	Bradenton	7, FC 34280 City/State and Zip Code	
	E-mail address (t	SellmorkeTime co	ication)
For further information of	oncerning this matter, please ca	oll:	
Davi V Name o	Bozart Person	at (\$50) 266 Area Code Daytime	140U e Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Sec	ction
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sell	Market Win LLC
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L2100016291</u>	oility Company were filed on TAWANY 05, 2021 and assigned
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L L C."
Enter new principal offices address, if applicab	ile:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter the name of the new registere</u> ; <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Reg	ϵ_{ij} . ϵ_{ij}
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. Or. if this document is gistered office address. I hereby confirm that the limited liability

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

<u>Title</u>	Name	Address	Type of Action
CEO	Doriel Bozart	115 75th ST. West	🗆 🖊 🗆 🗀 dd
AMBR)	PO BOX 14668	□Remove
		Bradenton, FC 34280	[] Change
President	Jackie Zenhye	115 75th ST. WEST	(<u>P</u> AGG
(AMBR)		PO BOX 14668	□Remove
		Braderton, FC 34280	□Change
			□Add
			□ Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□ Remove
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			□Change

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l'an ef <mark>Note:</mark>	ive date, if other than the date of filing:
recoi d is fi	d 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 led.
ated	Docember 01, 2021.
	David Sont
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00