## L11000139683

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## **COVER LETTER**

TO:

	Registration Sec Division of Corp			
SUBJEC	MARKET	AUTOMATION FORMU	LA LLC	
SOBJEC	- 1	Name of Limi	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	idence concerning this matter	to the following:	
			RUBY STEWARD	
			Name of Person	
		MARKET AU	TOMATION FORMULA LL	J.C
		REET AUTOMATION FORMULA LLC  Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing.  Trespondence concerning this matter to the following:  RUBY STEWARD  Name of Person  MARKET AUTOMATION FORMULA LLC  Firm/Company  19505 Biscayne Blvd. Suite 2350  Address:  Aventura FL 33180  City/State and Zip Code  ruby@kpirealtysf.com  E-mail address: (to be used for future annual report notification)  Area Code  Daytime Telephone Number  Area Code  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Address:  tion Section  Registration Section  Division of Corporations		
			Address	
Aventura FL 33180				
			City/State and Zip Code	uite 2350  Ont notification)  3-6900  Daytime Telephone Number  \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)  ess: On Section of Corporations e of Tallahassee
			<del>-</del>	
		E-mail address: (1	to be used for future annual report noti	ification)
For furth	er information co	ncerning this matter, please ca	all:	
Rub	y Steward		Ruby Steward Name of Person  ARKET AUTOMATION FORMULA LLC Firm/Company  19505 Biscayne Blvd. Suite 2350 Address Aventura FL 33180 City/State and Zip Code ruby@kpirealtysf.com mail address: (to be used for future annual report notification)  atter, please call: at (786)328-6900 Area Code Daytime Telephone Number  unt:  ng Fee & \$555.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
-	Name of	Person		ne Telephone Number
Enclosed	is a check for the	e following amount:		
<b>□X\$</b> 25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration S			ection
Division of Corporations		<del>-</del>		
	P.O. Box 6321	7		
	Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TON FORMULA LLC	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
he Articles of Organization for this Limited Liability	y Company were filed on 12/12,	/2011 and assigned
lorida document number _L11000139683	<del></del> '	
his amendment is submitted to amend the following	;	
a. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET AD	DRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX		
	<del></del>	
3. If amending the registered agent and/or registengent and/or the new registered office address her		, enter the name of the new regis
gent ana/or the new registered office address ner	<u>c</u> .	
Nome of New Posistaged Assets		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida stree	t address
•		, Florida
	Ciţ	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 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 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
MGR	JASON STEWARD	19505 BISCAYNE BLVD.SUITE 2 AVENTURA, FL 33180	
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
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f an effective date is l <u>Note:</u> If the date in	other than the date of listed, the date must be speci nserted in this block does we date on the Departmen	ific and cannot be prior to da s not meet the applicable	te of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursuant to ents, this date will not be	605,020 listed a
record specifies a d is filed.	delayed effective date, b	out not an effective time,	at 12:01 a.m. on the earl	ier of: (b) The 90th day a	ifter th
Dated MAY 1	st.	2024			
	4	Lusy Stewa	id		
	Signatur	re of a member or authorized	representative of a member	èr	-
		Ruby Stewar	d		
	<del>.</del>	Typed or printed na			-

Filing Fee: \$25.00