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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FORSYTH & BRUGGER, P.A.

Account Number : I20040000147 Phone : (239)263-6000 Fax Number : (239)263-6757

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

andysmith603@me.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARKIT, LLC

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T. LEMIEUX

MAY 17 2024

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

MARKIT, LLC		
(Name of the Limited Liabili	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L12000071935		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited Bability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
	<u> </u>	
		024
Enter new mailing address, if applicable:		= = =
(Mailing address MAY BE A POST OFFICE BOX)		
P. Wannanding the use of the state of the st	1 69 1)	40 P G
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ente</u>	r the name of the new registered
·		35
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street addre	237
		Torida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	emplete performance of my duties, a sent as provided for in Chapter 605,	and I am familiar with and F.S. Or. if this document is
	If Changing Registered Agent, Signature	of New Registered Agens

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
MGR	BRUGGER, JOHN N	600 5TH AVE S., STE 207	
		NAPLES FL 34102	
		□Add	
		□Remove	
		□ Change	
		□Remove	
		CAdd	
		□ Remove	
			Change
		□Add	
			□Remove
		Change	
			□Add
			□Remove
		Change	

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	late, if other than the date of filing: e date is listed, the date must be specific and eannor be e date inserted in this block does not meet the effective date on the Department of State's to	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 applicable statutory filing requirements, this date will not be listed as records.
record spe	ecifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.		
i is med.	/2024	
i is med.	Signature of a member o	is authorized regresentately and other