L140001296

(Re	questor's Name)	
· ·	,	
(Ad	dress)	
•	•	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500282434965

02/23/16--01011--007 **30.00

2016 FEB 22 A b: 54

RECEIVE

FEB 2 4 2016).BRUC!



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2016

OMAR ZAMBRANO 1316 NW 78 AVE MIAMI, FL 33126

SUBJECT: MARKETBOUND LLC Ref. Number: Li14000|12|9672

We have received your document for MARKETBOUND LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 616A00002607

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Manket B	OUND LL.C		
	Name of Lim	ited Diability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	DMAR A	4. ZAMBYANC Name of Person	<u>) </u>	
	MARKET	Fim/Company	<u>@</u>	
	13/6 N	W 78 Ave. Address		
	Mid	FQ. 33/26 City/State and Zip Code		
		ANO OP SIMEAIR CO	9/90.CO	
For further information co	oncerning this matter, please ca		FEB MAI	-
Dyar A. Z	Person	at (<u>786</u>) <u>253-8</u> Area Code Daytime	CATA NO.	
Enclosed is a check for th	e 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 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**

MARKET BOL (Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 4/4/00 -129672	npany were filed on Aug 18,2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	CS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2008 2008 2009 2009 2009 2009 2009 2009
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent:	MAR A. ZAMBRANO
New Registered Office Address:	3/6 NW 78 AVC Enter Florida street address
	118 Mi Florida 33/2
New Registered Agent's Signature, if changing Registered A	City Zip Code gent:

N

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:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
PT	Roger Paredes	13/6 NW 78 AVE 1418, Fl. 33/26	
		1418, Fl. 33/26	Remove
			☐ Change
PT	DHAR A. ZAMBRA	NO 13/6 NW 78 AVC.	
		Mid, Fl. 33/26	□ Remove
			Change
Mar	JUDN A. GALARY	Mia, Fl. 33152	
`/	. /	Mia, Fl. 33/52	Remove
			Change
			Add Add
		ا در العداد المريخ المريخ المريخ المريخ المريخ المري	Addi
		<u> </u>	g □ Remove
		₩ ?	5 L
			Change
			🗆 Add
			□ Remove
			Change
			Add
			□ Remove
			Ch

	• ,								
					<u> </u>		***		_
					.				
			$\overline{}$	·					
			`						
									—
			···						
							20	2016	_
					<u> </u>	$\overline{}$	5-5	-T1	-77
								FEB	#FEEE TO BE
							(S) (S)	22	E Example?
				<u> </u>			Jun	\triangleright	
***								σ	
							<u> </u>	S S	
									_
									
									•
ective date. i	f other than the c	date of filing) :			(anti	onal)		
effective date is	s listed, the date must	be specific and	cannot be prior	to date of filing o	r more than 9	0 days afte	r filing.) Pi	ursuant to (605.02
<u>te:</u> If the date cument's effect	inserted in this blo- tive date on the De-	ck does not m	ieet the applica	ible statutory fi	iling require	ments, thi	s date wi	ll not be l	isted a
	,								
	rifies a delayed	effective d	ate but not	an effectiv	atima at	12-01	am on	the ear	rlior :
record spec	y after the reco	rd is filed.	ate, but no	. an checuv	e ame, ac	12.01	2.111. ()11	the ear	iliei i
record spec he 90th day)		
he 90th day	<i>/</i> .					/ /			
he 90th day	Sturra	2	20/6			-			
he 90th day	Gruarg	2	20/6	· /	 1				
he 90th day	J			/	 Nu				
	J			rized representat		ber			

Page 3 of 3

Filing Fee: \$25.00