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(Re	questor's Name)	
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TAIL AHASSEF, FLORIDA

T. Burch William 3200

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UNE SUBJECT: UNE ME ME MAN KETAS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Milliam S Name of Person
GIFFEN MElow MarkEtag LLC Firm/Company
1205 Margo Is/E
FT. LAND SACRETE STORE
E-mail address: (to be used for future annual report fortification)
For further information concerning this matter, please call:
Mulany D. Williams at (954) 243 3866 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address . . Type of Action □ Add □ Remove

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREEN MEllow	MARKETTAR	22	0	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our r Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/13	3/14	and ass	igned
Florida document number	0/55 LILI OUL	1596	7/	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
anzew Malow MA	MKEDio LL	_		
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation	n "LLC" or the a	bbreviation "I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)		= ≥⊙ <u>→</u>	
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				emous.
Enter new mailing address, if applicable:		٠ .		्र स्थापाद्यम् ने
(Mailing address MAY BE A POST OFFICE BOX)			10 PH	
			55 E	
		Ç	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		cords, enter	the name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	address		
		_, Florida		
	City		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 Changing Registered Agent, Signature of New Registered Agent

amending any other information, enter	om pary	15 Bain	
,,,	MElew	MANKET	- 12
ective date, if other than the date of file effective date must be specific, cannot be prior to date this document is filed by the Florida Depart	date of receipt or filed date and ca	(optiona unnot be more than 90 days after	.1)
ded 10/30		Notice of a mambar	
Mille of	Typed or printed name of sign		
			14 OCT 31 PH SECRETARY OF TALLAHASSEE.F

Page 3 of 3

Filing Fee: \$25.00