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## **COVER LETTER**

MD MARK	KET, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fice(s) are subt	nitted for filing	
	ndence concerning this matter t	_	
	MICHAEL R. MARTIN		
	<u></u>	Name of Person	<u>.</u>
	MD MARKET, LLC		
		Firm/Company	<del></del>
	11474 KEY BISCAYNE D	PRIVE	
		Address	<u> </u>
	JACKSONVILLE, FLORI	DA 32218	
		City/State and Zip Code	
	MDSURPLUS@OUTLOO	K.COM o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca		,
MICHAEL MARTIN		706 358-7058	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 enclose)

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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MD MARKET, LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number L15000081482		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
M&D SURPLUS, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abb	reviation "L.L.E."
Enter new principal offices address, if applicable:		量量で
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		il il
		# F. C
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Degistered Agent's Signature if changing Degistered Age	·m4.	

## 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

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
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			Change
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Signature of a member or authorized representative of a member	VYnaher	nature of a member of	authorized represents	ative of a member		
	Michael R. Martin					

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Filing Fee: \$25.00