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## **COVER LETTER**

TO: Registration Section División of Corporations
SUBJECT: Pierce Group 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:
Natalie Nagergaut Name of Person
Markets For Makers Firm/Company
331 Cleveland St #1205
Clear water FL 33755  City/State and Zip Code  natalig@markets for makers. com  E-mail address: (to be used for future annual report notification)
natalig a markets for makers. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
See above at (765) 621-0789  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sade Sade Sade Sade Sade Sade Sade Sa

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

Pierce Group	> LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.)  A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document numberしらのいらら	bility Company were filed on9/29/2019  wing:  he limited liability company here:  ds "Limited Liability Company," the designation "LLC" or the ole:  ADDRESS)	and assigned
This amendment is submitted to amend the follow	ving:	JIVISIO TI
A. If amending name, enter the new name of t	he limited liability company here:	12
Markets for Makers LLC		G F M
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation T.L.C.
Enter new principal offices address, if applicat	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)	
registered agent and/or the new registered office	r registered office address on our records, <u>ente</u> <u>ce address here</u> :	er the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street 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

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>	<u>Address</u>	Type of Action
MGR	Trista Tripp	331 Clevelard St#1205 Clearwater FL 33755	<b>⊠</b> ∨qq
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(II an c	ctive date, if other than the date of filing:(optional) (optional) offective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d 19 July 17 . 2017.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00