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COVER LETTER

TO: Registration Se Division of Cor			
MLMCloud	d, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fritz Gerald Exantus		
		Name of Person	
		Firm/Company	
	11924 Forest Hill Blvd. St		
		Address	
	Wellington, FL 33414		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	fritz.exantus@mlmcloud.co	om to be used for future annual report notific	estion)
For further information of	oncerning this matter, please co	·	
Fritz G Exantus		561 309-9460	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

MLMCLOUD, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____October 29, 2015 and assigned L15000183934 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MLMCLOUD ONLINE MARKETPLACE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7134 Chesapeake Cir Enter new principal offices address, if applicable: Boynton Beach, FL 33436 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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

ASSET

Page 1 of 3

Page 2 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	Mita Davis	7143 Chesapeake Cir	■ Add
		Boynton Beach, FL 33436	☐ Remove
			☐ Change
AMGR	Dianna Cadet	1217 SW Aragon Ave	■ Add
		Port St. Lucie, FL 34953	□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
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Filing Fee: \$25.00