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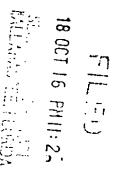
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

Division of Cor	orporations				
MK MARK	KET LLC				
	Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.				
Please return all correspo	ondence concerning this matter to the following:				
	KEVIN FISCHER				
	Name of Person				
	OSCAR REY CPA				
	Firm/Company				
	1400 LINCOLN ROAD, UNIT 504				
	Address				
	MIAMI BEACH, FL 33139				
	City/State and Zip Code				
	KEVIN@OSCARREY.COM				
	E-mail address: (to be used for future annual report notification)				
For further information co	concerning this matter, please call:				
KEVIN FISCHER	305 531-8518 at(
Name of	of Person Area Code Daytime Telephone Number	_			
Enclosed is a check for th	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & Certificate of Status	Status &			

MAILING ADDRESS:

TO:

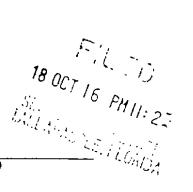
Registration Section

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



MK MARKET 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 Compan	y were filed on 2/25/16	and assigned
Florida document number L16000040159		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 or registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our record <u>re</u> :	s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addres	is -
	Fl	orida
		Zip Code
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, at provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If Ch.	anging 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	KUSH BUSINESS CONCEPTS LLC	2911 GRAND AVE, STE 400D MIAMI, FL 33133	□ Add
			■ Remove
			☐ Change
MGR —	KUSH HOSPITALITY GROUP LLC	2911 GRAND AVE, STE 400D MIAMI, FL 33133	Add
			□ Remove
			Change
			Add
			Remove
			Chamge Chamge
			Remove
			Change
			Remove
			☐ Change
			□ Add
			Remove
			Change

			
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Do	t be specific and cannot be prior to d ock does not meet the applicable	(op ate of filing or more than 90 days aft e statutory filing requirements, th	er filing.) Pursuant to 605 0207 (
the record specifies a delayed The 90th day after the reco	effective date, but not a prd is filed.	n effective time, at 12:01	a.m. on the earlier of:
Dated OCTOBER 3	2018		
9	Matt la		
	Signature of a member or authorize	ed representative of a member	
	•		

Page 3 of 3

Filing Fee: \$25.00