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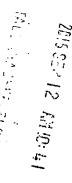
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COVER LETTER

TO: Registration Se 'Division' of Cor			
SUBJECT: EHE	Marke ting 900 Named of Limit	tted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dober	+ Bothenilky Name of Person	
	_ EtEmor	Firm Chapany	LC
	19448 9	Address / Box 2	Poton, FL
	BOLD R	City/State and Zin Code	- 33434 TSE 5
	+Jman 8 E-mail address: (1	o be used for future annual report notific	SEP 12 PURE DIASSECTION
For further information co	oncerning this matter, please ca	all:	Mg = "1"
Robert Boku	Person	at (954) 394 — Area Code Daytime	8666 Telephone Number
Enclosed is a check for th	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 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

Etc Market (Name of the Limited (A	ÂM (M Liability Company Floride Limited Lie	y as it low appears on our records. ability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>i-16 000/6 368</u>	_	vere filed on <u>Aug , 31 2</u>	o/b and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liabil	ity company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET.)	le:	y Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office			enter the name of the new
Name of New Registered Agent: New Registered Office Address:			FILEI SEP 12 Allassee
New Registered Office Address.		Enter Florida street address , Flor	ida Zar-Code O

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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