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Office Use Only

COVER LETTER

TO:	Registration Se Division of Cor			
		RKETPLACE LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		JORGE L. NIEVES		
			Name of Person	
		YEET MARKETPLACE I	LC.	
			Firm/Company	
		3470 NW 82 AVE SUITE	790	
		-	Address	
		DORAL FL 33122		
		JN@NOVATECH.BZ	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
JORG	GE L. NIEVES		786 303 - 9137 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
≌ \$2	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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.)	
(A Florida Limited I.	liability Company)	
The Articles of Organization for this Limited Liability Company L16000195915 Lorida document number	were filed on OCTOBER 24, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		17 17
		- R 28
		6
Enter new mailing address, if applicable:	T'n	
Mailing address MAY BE A POST OFFICE BOX)		∓
		<u>ယ</u> .
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

STITLED KAN DISTENDE A CHELLO

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
MGR	GERMAN MORALES	3470 NW 82 AVE SUITE 790	■ Add
		DORAL FL 33122	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
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fective date, if other than tl	12/06/201 he date of filing:		(optional)	
n effective date is listed, the date n te: If the date inserted in this	nust be specific and cannot be price block does not meet the appli	or to date of filing or more cable statutory filing re	than 90 days after filing.) Pur	suant to 605,020 not be listed a
cument's effective date on the	Department of State's record	S.		
record specifies a delay The 90th day after the re		of an effective tim	e, at 12:01 a.m. on	the earlier o
DECEMBER 6	2017			
ted		<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00