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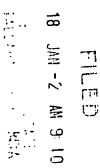
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COVER LETTER

TO:						
elib i	II. (27)		1K 02 LLC			
SUBJ	EC1:		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:			
			SERGIO LINARTE			
		Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: SERGIO LINARTE Name of Person SLC GROUP GLOBAL BUSINESS SOLUTIONS & PROFESSIONAL SERVI Firm/Company 11350 SW 51 ST Address MIAMI, FL 33165 City/State and Zip Code MYBUSINESSCARLI@GMAIL.COM E-mail address: (to be used for future annual report notification) stormation concerning this matter, please call: NARTE Name of Person Area Code Daytime Telephone Number				
	SLC GROUP GLOBAL BUSINESS SOLUTIONS & PROFESSIONAL SERV					
			Firm/Company			
	11350 SW 51 ST					
-	Division of Corporations MTMK 02 LLC Name of Limited Liability Company me enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: SERGIO LINARTE Name of Person SLC GROUP GLOBAL BUSINESS SOLUTIONS & PROFESSIONAL SERV Firm/Company 11350 SW 51 ST Address MIAMI, FL 33165 City/State and Zip Code MYBUSINESSCARLI@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ERGIO LINARTE Name of Person Name of Person Area Code Daytime Telephone Number of Status Certificate of Status Certificate Copy Gething Fee \$\bigcit{Certificate Copy}{Certificat Copy} \bigcit{Certificate Copy}{Certificate Copy} Certificate of Status Certificate Copy Certificate Copy					
			MIAMI, FL 33165			
•			City/State and Zip Code	e COM al report notification) 897-1196 Daytime Telephone Number 2 & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy		
NTMK 02 LLC Name of Limited Liability Company						
			•	ication)		
For fu	orther information co	oncerning this matter, please co	all:			
SER	GIO LINARTE					
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclo	sed is a check for th	ie following amount:				
■ S.	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

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

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	ess on our records, enter the name of nter Florida street address, Florida

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>	Address	Type of Action
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he record specifies a delayed The 90th day after the reco		ffective time, at 12:01 a	.m. on the earli	ier of:
DatedDECEMBER 27	2017			
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	ignature of a member or authorized re			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00