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S. YOUNG



COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

MAGYAI	RTS PRINTS LLC		e e e e e e e e e e e e e e e e e e e
SUBJECT:	Name of Lin	nited Liability Company	.
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Magalli Fernandez		
		Name of Person	
		Firm/Company	
	3940 NW 187th TER		
		Address	
	Miami Gardens, FL 33055		
		City/State and Zip Code	
	magdesign2@gmail.com		
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Magalli Fernandez		786 271-8971	me Telephone Number
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
~	Corporations	Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		2021
MAGYARTS PRINTS LLC		<u> </u>
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on July 10, 2017	and- <u>as</u> signed'. \
Florida document number L17000146853	<u></u> .	Q
This amendment is submitted to amend the following:		=
A. If amending name, enter the new name of the lim	ited liability company here:	
MarkMaking LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the	name of the new registere
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
 -	City	Zip Code

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 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
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
		□Add	
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			□Remove
			□ Change

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F ffect	ive date, if other than the date of filing: (optional)
If an ef	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as item's effective date on the Department of State's records.
е гесоі	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fi	led.
	January 5 2021
Dated	January 5 2021
	Signature of a member of authorized representative of a member
	// 1/
	Magalli Fernandez