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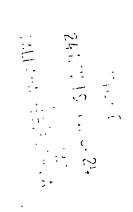
(Requestor's Name)
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(City/State/Zip/Phone #)
(20), 2000 2 pr. 1000 11,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
Mark 10 He	oldings, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kim Mullligan		
		Name of Person	
		Firm/Company	
	127 W. Fairbanks Avenue		
		Address	
	Suite 452		
		City/State and Zip Code	
	Winter Park FL 32789	to be used for future annual report noti	fication \
For further information e	oncerning this matter, please c	·	,
Hope Richards		407 432-4787	
Name o	f Person	at () Area Code Daytim	e 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 Addres		Street Address:	ction
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark 10 Holdings	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$	31/2018 and assigned
Florida document number L18000029673	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
he new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	24
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	: 5 7
Enter new mailing address, if applicable:	= - 0
Mailing address MAY BE A POST OFFICE BOX)	21
	Tet .
3. If amending the registered agent and/or registered office address on our orgent and/or the new registered office address here:	records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	rida street address
Enter 116	
City	, Florida Zin 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
Manager	April A Ralston	127 W Fairbanks Avenue, Suite 452	□Add
		Winter Park, FL 32789	■Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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Note: If	e date, if other than the date of filing:
record d is filed	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 d.
Dated _	NOVEMBER 15 2024
	Y 50,
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00