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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MARKOGENEROUS LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:	
MARK D. GENEROUS Name of Person	
MARKOGENEROUS LC Firm/Company	
3706 16th Street West	
BRADENTON FL 34205 City/State and Zip Code	
E-mail address: (to be used for future admual report notification)	
For further information concerning this matter, please call:	
MARK GENEROUS at 941 224-3872 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status} \Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}	tus &

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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(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L-18000632924</u> .	
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 Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MARKOGENEROUS LLC 3706 16#S+WEST BRADENTON, FL 34205
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address on our records, enter the name of The new AHASSEE FLORID Enter Florida street address Fite address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Name	Address	Type of Action
AMBR	MARK O, GENEROUS	3706 16±9St, West	È₹∕Add
		3706 16±9St, West BRADENTON, FL 34205	Remove
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m effective date is listed, th	than the date of filing: _ ne date must be specific and can in this block does not mee	nnot be prior to date	e of filing or more than 9	(optional) 0 days after filing.) Pursi ments, this date will r	uant to 605.020
cument's effective date	on the Department of State	e's records.	.a		
record specifies a The 90th day after	delayed effective dat the record is filed.	e, but not an	effective time, at	12:01 a.m. on tl	ne earlier o
ated MARCH	27	2018			
ated / PO CT	\sim_{V}	/ // \ /			
ated <u>PANCTI</u>	Signature of a mer	nber of authorized	representative of a mem	her	

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Filing Fee: \$25.00