LIS COOO 95656

(Requestor's Name)
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SECRETARY OF STATE

M/21

COVER LETTER

TO: Registration Se Division of Cor					
F&L Marketing, LLC					
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jacob Hicks				
		Name of Person		_	
	F&I. Marketing, LLC			202 SE	
		Firm/Company		CRE	
	510 Lavers Circle #368			2021 SEP 27 PM 4: 50 SECRETARY OF STATE TALLAHASSEE, FL	
		Address		- 255 - 25 - 25 - 25 - 25 - 25 - 25 - 25	Ţ
	Delray Beach, FL 33444			F ST	4
		City/State and Zip Code		- CEE 50	
	jacobhicks@magnyti.com				
For further information of	E-mail address. (oncerning this matter, please c	to be used for future annual report noti	fication)		
Jacob Hicks	oncerning this matter, prease e	734 (49-7695			
Name of Person		at ()	77.1 1 2 2 3	 	
o omeri	rerson	Area Code Daytim	e Telephone Numbe	۲.	
Enclosed is a check for the	ne following amount:				
☐ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction		
Division of Corporations		Division of Cor	porations		
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro		R10	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F&L Marketing, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our record imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number (1,18/2/2005656		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Magnytî, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		2021 SI SE CR
Principal office address MUST BE A STREET ADDRE.	<u> </u>	一篇 8 1
		2 2
		PH
Enter new mailing address, if applicable:		E S
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of	office address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:	n <u></u>	
New Registered Office Address:		
	Enter Florida street address	;
	, Flo	orida
	Cuv	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
			□Add
			Remove
			□Change
			□Add
			□ Remove
			Change
			SF SF Add
			SECRETARY SECRETARY
			27 Pochange 1/ASSEE FL
			□Remove
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effective date is listed, the date must be specific and cannot be se: If the date inserted in this block does not meet the	applicable sta	of punf or mote	than 90 days all	er liling.) Pursi	nant to 64 not be li	05,020 sted a
ument's effective date on the Department of State's re-	cords.					
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cord specifies a delayed effective date, but not an effective date.	nive time, at	F2;U1 aimi on	me earmer of: ((D) The SUR	a day ar	ter ine
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