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COVER LETTER

TO:	Registration Se Division of Cor				
e1(D 11)/		E & MARKIE GROUP			
SUBJEC	, ; <u></u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		ROMINA BENESCH			
		FORTROSE & MARKIE	Name of Person GROUP		-
					-
		7520 NW 104TH AVE SU	Firm/Company HTE 103-101		2019 SEG
		DORAL, FL, 33178	Address		2019 APR - 3 SECRETATION AND ASSESSED
		ROMINA@BENESCH.PR			AM 11: 2
			to be used for future annual report notif	ication)	, s oi
For furth	er information e	oncerning this matter, please ca	all:		
ROMIN	A BENESCH		305 9245915 at ()_		
	Name o	f Person	Area Code Daytimo	: Telephone Numbe	r
Enclosed	l is a check for th	ne following amount:			
\$25.9	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifico	ite of Status &
	MAII	ING ADDRESS:	STREET/COURT	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTROSE & MARKIE GROUP		
(<u>Name of the Limited Liab</u> (A Flori	illity Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on 07/02/20	and assigned
Florida document number L18000160893		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
MGR		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		三二二二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
(Principal office address MUST BE A STREET ADI	ORESS)	ा स्टिश्ने
Enter new mailing address, if applicable:		- 12
(Mailing address MAY BE A POST OFFICE BOX)		;n 01
		records, enter the name of the ne
registered agent and/or the new registered office ad	<u>ldress here</u> :	
Name of New Registered Agent:		
Hame of the registered right.		
New Registered Office Address:	Enter Florida et	and address
	Ziuer Fibriae St.	
	Cin	
	I Liability Company were filed on O7/02/2018 and assigned office address on our records. (A Florida Limited Liability Company) and assigned office address on our records, enter the name of the new	

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>	<u>Address</u>	Type of Action
MGR	ROMINA JUDIT BENESCH	7520 NW 104TH AVE SUITE 103-101, DORAL, FL, 33178	Add
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ffective date, if other than the d	ate of filing:		_	_ (optional)		
ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc	be specific and cannot k does not meet t	ot be prior to date of he applicable statu	filing or more than 90 c tory filing requireme	lays after filing.) Pursi ents, this date will n	iant to 60 ot be lis	05.0207 sted as
ocument's effective date on the Dep	artment of State's	records.	, -			
e record specifies a delayed (effective date.	but not an effe	ective time, at 1	2:01 a.m. on th	ne ear	lier of
The 90th day after the recor	d is filed.					
ated MARCH 31ST	. 20	19				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00