L18000 190 820

(Re	equestor's Name)	
(Ac	ddress)	
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<u></u>	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration So Division of Co		. ,	
SUBJECT: FEO	ERAL MARK	ET PLACE LL	-C
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORG	Name of Person	
	FEDERALI	1 ARKET PLACE Firm/Company	LLC
	211 Swith Fe	DIERAL HWY Address	2024 APR SECRETALL
		AAL FLORIDA . 33 City/State and Zip Code	いなった。
	FEDERALMA I:-mail address (TO be used for future annual report notif	COM Property 1971
For further information e	oncerning this matter, please ca	all:	n: W
LORGE REV	TES f Person	at (56) Area Code Daytime	56 53 : Telephone Number
Enclosed is a check for the	ne following amount:		
1 \$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 Registration S		<u>Street Address:</u> Registration Sec	stion
Division of C	orporations	Division of Corp	porations
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1 PLACE		
(<u>Name of the Limited</u> (A	Liability Company 3 Florida Limited Liab	as it now appears on our ility Company)	records.)
The Articles of Organization for this Limited Liab Florida document number <u>L 18000 19 05</u>	ility Company we		1
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability	y company here:	
N/A. The new name must be distinguishable and contain the word	ls "Limited Liability (Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	N/A	
Principal office address MUST BE A STREET.			
Enter new mailing address, if applicable:	<u></u>	J/A	2024 APR
Mailing address MAY BE A POST OFFICE BO	<u> </u>		1 1
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office add here:	ress on our records,	enter the name of the new registered
Name of New Registered Agent:	JORGE	REMES Enter Florida street	
New Registered Office Address:	N/A-	-	
		Enfer Florida sireel	
-		Cuv	, Florida
		* ","	rape ou

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
KMBR_	JORGE REYES	2101 VISTA PARKWAY #240	W.P.B.FL. 3341 &\dd
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			□Change
			□Add
			□Remove
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		(i)	□ Add
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ective date, if other the effective date is listed, the	ian the date of fi	ling: $\sqrt{3/20}$	2024	(o)	ptional)	÷ 11311
<u>te:</u> If the date inserted ii	i this block does no	ot meet the applic	cable statutory fil	ing requirements.	this date will not be lis	ited a
nument's effective date of	и не перациен с	or state s records	•			
cord specifies a delayed	effective date, but	not an effective t	ime, at 12.01 a.n	n, on the earlier of	: (b) The 90th day afti	er the
s filed.						
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