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COVER LETTER

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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: TAY	AT ARKET Name of Lin	ING GROUP LLC ited Liability Company	-
The enclosed Articles of Am Please return all corresponde		_	
	VANESTA E	Name of Person	
	Cics I	Firm/Company	
	407 Cinc	oln Address 12F	
		Pinni FL 33136 City State and Zip Code	
-	E-mail address: (visa 55 (3) y choo · co to be used for futor annual report notifica	m inton)
For further information cone			
Name of Per	Elmaleh	at (NG) 423 d	1838 Telephone Number
Enclosed is a check for the fo			
図 \$25.00 Filing Fee 【	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registratio	ADDRESS: n Section *Corporations	STREET/COURTER Registration Section Division of Corporati	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAY	1 17	MARKET	1NO 01	ROUP	
(Name of the Limited Liabil (A Florid	lity Company la Limited Lia	as it now appears or bility Company)	n our records.)		
The Articles of Organization for this Limited Liability C Florida document numberL 1 3 0 00 2 3			pt 18,20	<u>91 8</u> and ass	iigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	<u>sited liabilit</u>	y company here:			
The new name must be distinguishable and contain the words "Lin	mited Liability	Company," the desig	nation "LLC" or the	abbreviation "L.	LC."
Enter new principal offices address, if applicable:	_				· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDI	RESS)				
	•			21	• • •
Enter new mailing address, if applicable:	-			<i>₽</i>	300
(Mailing address MAY BE A POST OFFICE BON)	-			D	
B. If amending the registered agent and/or registered agent and/or the new registered office add		e address on or	ır records, <u>ente</u>	r the name	of the nev
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida	street address		
			, Florida _		
		City		Zip 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
HGRM	ALEX BAYAT	407 Fincoln Rd	□ Add
		suite 12 F	Remove
		Mani FL 33 139	🗆 Change
HGRM		ER 407 Lincoln Rd	⊠ Add
	BAYAT	Suite 42 F	□ Remove
		Miami Black FL 3313	3∽ □ Change
			Remove
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