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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
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09/09/19--01042--003 \*\*25.00

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## **COVER LETTER**

SUBJECT: T40	C MARKET, L	LC	
<u></u>	Name of Lim	ited 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:	
	ME LAN	WANG Name of Person	<del> </del>
		Name of Person	
	TrC MA	RKET, LLC. Firm/Company	
		Firm/Company	
	8320 W. A	L'Ilsborough AVE.	
		Address	
	TAMPA. 7	-1. 33615 City/State and Zip Code	
		City/State and Zip Code	
	KELAnWANG @	PANDAKI TOKEN, Com- to be used for future annual report notif	
			ication)
For further information c	oncerning this matter, please co	aH:	
		at () Area Code Daytime	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
<b>Ú</b> \$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 ADDRESS:

Registration Section
Division of Corporations

TO:

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

T4C MA	RKET. UC.
( <u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	ty Company were filed on <u>01-28-19</u> and assigned
Florida document number <u>L 1 9 0 0 00 28/68</u>	<u>82</u> .
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here;
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
	70 TA
	SEP T
	egistered office address on our records, enterrine name of-the
registered agent and/or the new registered office a	address here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MG-R	WANG KE XIAN	8320 W. Hilsborough AVE	□ Add
		TAMPA. 71.33615	Remove
			DY Change
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			Change
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<u>Note:</u>	ve date, if other than the date of filing: $9-15-19$ (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
Dated <sub>.</sub>	9-5-19  Men Da Da Da Member of a member of
	Kelan Wang  Typed or printed name of signee

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Filing Fee: \$25.00