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COVER LETTER

TO:

Registration Section

Division of Corporations	,
SUBJECT: FIRST MARKETIN Name of Lin	G SOLUTIONS LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are suf	omitted for filing.
Please return all correspondence concerning this matter	to the following:
AKIN TOS	Name of Person
	Firm/Company
569 Bays	share Dine #11
Ft. Lorderd	Ole, FL 33304 City/State and Zip Code
569 Bayshore Drive #11 Address Ft. Landerdole, FL , 33304	
For further information concerning this matter, please of	call:
AKIN TOSYALL	at (312) 375 0025
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
★ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified to f Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST MARKET		LIC.	
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L19 0000</u> 32		31/2019 and ass	signed
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and contain the work	Js "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.	.IC."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)			·····
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		2022 DEC 12 AM SECRETARY OF TALL A HASSI	FILE
B. If amending the registered agent and/or reg agent and/or the new registered office address b		E. F.L. 8: 4:5	w registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
	City	Florida Zip Code	
	×	2η/ € σιι	

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			Change
			\Add
			□Remove
			□Change
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			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐Change

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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 9th 2022
	Signature of a member or authorized representative of a member
	AKIN TOS IAU Typed or printed name of signee

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Filing Fee: \$25.00