## 1190000 62614

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## **COVER LETTER**

TO: Registration Section Division of Corpor		,	
SUBJECT:	A I MARK	KET LLC ited Liability Company	
	· · · · · · · · · · · · · · · · · · ·	San January	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	RANG	Name of Person	PA.
		Firm/Company	
	5035	PAIM AVE	
		Address	<del></del>
•	HIALE	Ah Pl. 3301	12
-	RRACCOV E-mail address: (1	City/State and Zip Code  White 5035@Yaha to be used for future annual report notifie	D. Con cation)
For further information conce	erning this matter, please ca	ill:	
RANCO	Reyes	at ( <u>305)</u> <u>822</u> Area Code Daytime	-0669
Name of Per	rsion	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
X \$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 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

(Name of the Limited Liability Company as it now appears on our records.)  The Articles of Organization for this Limited Liability Company were filed on 03/05/2019 and assigned Florida document number 1900062614  This amendment is submitted to amend the following:  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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address of applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Tustina M. Lope 2	AI	MARKET LL	<u>'</u> C	
Florida document number	(Name of the Limit	ted Liability Company as it now appe (A Florida Limited Liability Company		
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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  I 16 73 N. W. 89 4 AL  Enter Florida street address  HIALEAH SAR DESS, Florida 33018  Zip Code			03/05/2019	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the management and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  I 16 73 N. W. 89 FB PL  Enter Florida street address  Florida 33018  City  Tip Code	This amendment is submitted to amend the following	owing:		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  I 16 73 N. W. 89 th Pl.  Enter Florida street address  HIALEAH SAR DENS, Florida  330/8  Zip Code	A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the name of the name of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:  I 1673 N.W. 89 <sup>th</sup> Pl.  Enter Florida street address  HIALEAH GAR DENS, Florida 33018  Zip Code	The new name must be distinguishable and contain the w	vords "Limited Liability Company," the	e designation "LLC" or the abbrevia	tion "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the management and/or the new registered office address here:    Name of New Registered Agent:   I STINA M. LopeZ	Enter new principal offices address, if applic	able:	w'	F3
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the marceistered agent and/or the new registered office address here:    Name of New Registered Agent:   I USTIWA M. LopeZ	(Principal office address MUST BE A STREE	<u> TADDRESS)</u>		نی ا
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the marceistered agent and/or the new registered office address here:    Name of New Registered Agent:   I USTIWA M. LopeZ				سادودید شب سد بر با
B. If amending the registered agent and/or registered office address on our records, enter the name of the name of the name of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:    11673 N. W. 8946 Pl.	Enter new mailing address, if applicable:		<u>:</u>	- <b>CO</b>
B. If amending the registered agent and/or registered office address on our records, enter the name of the name of the name of New Registered Agent:    Name of New Registered Agent:   JUSTINA M. LOPEZ	(Mailing address MAY BE A POST OFFICE	BOX)		= <del>-</del> ==
Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address:   I   6   73   N. W. 89   6   Pl.				· ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	registered agent and/or the new registered of  Name of New Registered Agent:	ffice address here:  TUSTINA  11673 N. U	M. LOPEZ 1. 89th Pl.	
	New Registered Agent's Signature, if changing F		Z.ųp	r Code

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.

Trougheing 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ISABEL C. CORDOVIX	5665 E. 5th AVE HIALEAL, Fl. 33013	Add
		HIALEAL, Pl. 33013	Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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(If an effective Note: 1	re date, if other than the date of filing:O7/O1/2019(optional) ctive 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 nt's effective date on the Department of State's records.
the reco	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 _	07/01/ 2019
Dated _	A/A/A
Batea _	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00