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AUG 10 2019 S. YOUNG

COVER LETTER

TO:	Registration So Division of Cor	ection porations			
SUBJI	ECT: E	A MARKETING GROUI	P OF ORLANDO. L	LC	
			ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Richard			
	•		Name of Person		
		Einbind	ler & Dunn LLP Firm/Company		
		112 Ma	dison Avenue, 8th F	`loor	
			Address		
		New Yo	ork, NY 10016	 .	
			City/State and Zip Code		
		E-mail address: (1	o be used for future annual	report notification	n)
For fur	ther information co	oncerning this matter, please ca	H:		
	Richard Name of		at (<u>212</u>) Area Code	391-9500 Daytime Telep	hone Number
Enclose	ed is a check for th	e following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		□ \$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

EA MARKET (Name of the Limited L (A F The Articles of Organization for this Limited Liabil Florida document number L19000089691	iability Compan Iorida Limited Li			G -5 AM 7: igned ASSEE, FILORIDA
This amendment is submitted to amend the following	12:			
A. If amending name, enter the new name of the	<u>limited liabil</u>	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the words	"Limited Liabilit	ty Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	: :	11776 Ea	st Colonial Drive	
(Principal office address MUST BE A STREET A	DDRESS)	Orlando,	Florida 32817	
Enter new mailing address, if applicable:		11776 Ea	st Colonial Drive	
(Mailing address MAY BE A POST OFFICE BO)	<u>V)</u>	Orlando,	Florida 32817	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off address here	ice address on o	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Jehad	Hannoush		
New Registered Office Address:	11776	East Colonial D	Drive a street address	
	Orland	do	, Florida	32817
		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 Registeres 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
AMBR	Megan Revels	2413 South Highway 27	Add
		Clermont, Florida 34711	Remove
			☐ Change
AMBR	Jehad Hannoush	11776 East Colonial Drive	Zi Add
		Orlando, Florida 32817	Remove
			Change
AMBR	Srinivas Vangal	3096 Lake Washington Road	Q Add
		Melbourne, Florida 32934	Remove
			Change
<u>AMBR</u>	Rachel Nick	3509 Wedgewood Lane	DAdd
		The Villages, Florida 32162	Remove
			☐ Change
			🗀 Add
			☐ Remove
			Change
		-	Remove
			☐ Change

D. If amending any other infor	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
<u></u>	
-	
Note: If the date inserted in this	the date of filing:
If the record specifies a delag (b) The 90th day after the r	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
DatedJuly 30	2019
_X	Signature of a member or authorized representative of a member
Mana	
iviega	Typed or printed name of signce

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Filing Fee: \$25.00