119000 116728

(Re	equestor's Name)	
(Ad	tdress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	





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APR 1 2020
I ALBRITTON

COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT:	MKT4ALL LIMITE	D LIABILITY COMPAN	NΥ	
	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Name of Person		
	LEGIT CO	NSULTING SERVICES	S. L.I.C	
		Firm/Company	·	
	53	44 LEMON TWIST LN.	233	
		Address		
		ORLANDO, FL. 32835		
	BI	City/State and Zip Code JSINESS@LEGITCS.CO)M	
		to be used for future annual		
For further information ec	oncerning this matter, please ca	all:		
FABIANA DE	BARROS	407	2852290	
Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$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 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

ABILITY COMPAN	ΙΥ	
pany as it now appear	s on our records.)	3 1
a Entonity Company,		
ny were filed on	04/30/2019	and assigned
		S
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bility company he	<u>re</u> :	
bility Company," the de	esignation "LLC" or t	he abbreviation "L.L.C."
N/A		
	<u></u>	
N/A		
		_
a address on our re	ocards enter the	name of the new registered
e address on our re	ettus, enter the	name of the new registered
Enter Flor	ida street address	
	F1ai.J.	9
City	, r 10F1G:	Zip Code
	pany as it now appears I Liability Company) by were filed on bility company he bility Company." the do N/A N/A Per address on our ro	bility company here: bility Company." the designation "LLC" or t N/A N/A Per address on our records, enter the Enter Florida street address Florida

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>	<u>Name</u>	Address	Type of Action
MGR	RACHEL BAK	105 OWENSHIRE CIR	
		KISSIMMEE, FL 34744	
			■ Change
MGR	ANDRE A M AZEVEDO	105 OWENSHIRE CIR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		KISSIMMEE, FL 34744	□ Remove
			Change
			□ Add
			Remove
			Change
		4	□Remove
		41-31-2-3	□ Add
			☐ Remove
			Change
			□Add
			Remove
			□ Change

	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	
	
	
	
1715-13	
.vove: 1) the date inse	her than the date of filing:
e record specifies a dord is filed.	clayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	MARCH / 18 2020
	And a wood (May 10, 2020)
	Andre Azevedo (Mar 19, 2020) Signature of a member or authorized representative of a member
	ANDRE A M AZEVEDO
	Typed or printed name of signee

Filing Fee: \$25.00