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SECRETARY OF STATE

AUG 2 2 2018 T. LEWIEUX

COVER LETTER

ALIM ERZYP.	Market+ Paraiso Bay, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Clemente Hernandez		
		Name of Person	
		Firm/Company	
	200 178th Drive Apt 604		
		Address	
	Sunny Isles Beach FL 3316		
		City/State and Zip Code	
	Clemens@marketpluscorp.c E-mail address: (to be used for future annual	report notification)
For further information	concerning this matter, please ca	all:	
Clemente Hernandez		786	5669305
Name (of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
Regist	JNG ADDRESS: ration Section on of Corporations	Registrat	T/COURIER ADDRESS: tion Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

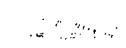
Division of Corporations

TO:

Division of Corporations Clifton Building 2664 Executive Center Circle

Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Market+ Paraiso Bay, LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 243 RIG 16 P 2 22 5/14//2019 SECRETARY OF BARRENED The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number __ L19000130476 TALLAHASSEE. FLORIDA This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Market+ One, LLC 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 th 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
		 	□ Change
			□ Add
			□ Remove
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Effective	late, if other than the date of fili	ø:	(optional)	
(If an effectiv	date, if other than the date of filing date is listed, the date must be specific at	cannot be prior to date of filing	or more than 90 days after filing.) Pu	rsuant to 605.0.
	ne date inserted in this block does not s effective date on the Department of		iling requirements, this date wil	I not be listed
	•			
he record	specifies a delayed effective	date but not an effectiv	ve time at 12:01 a.m. on	the earlier
The 90	th day after the record is filed	ate, but not an enectiv	e time, at 12.01 a.m. on	the come
Dated	August 14	2019	_	
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Page 3 of 3

Filing Fee: \$25.00