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COVER LETTER

Registration Section

Division of Corporations

TO:

cup in cor	MARKET + ON	E, LLC	
SU BJECT :	Name of Lim	ited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponder	ce concerning this matter	to the following:	
	Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. prrespondence concerning this matter to the following: CLEMENTE A HERNANDEZ Name of Person Firm/Company 488 NE 18TH STREET APT 702 Address MIAMI FL 33132 City/State and Zip Code CLEMENS@MARKETPLUSCORP COM E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: A HERNANDEZ Area Code S669305 at (
-		Name of Person	
-		Firm/Company	
_	488 NE 18		
	N#1.6		
-			
	CLEMENS	•	
_	E-mail address: (to be used for future annual report notif	fication)
For further information conce	rning this matter, please co	all:	
CLEMENTE A HERNA			
Name of Per	xon	Area Code Daytime	e Telephone Number
Enclosed is a check for the fo	llowing amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Sect Division of Corp. P.O. Box 6327	orations	Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee, FL 3	2314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	Y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Control of the Control of	ompany were filed on MAY 14, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	2020
		2020 NOV
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.I.e."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	PESS)	
		<u>n</u>
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter the</u>	name of the new reg
B. If amending the registered agent and/or registered	d office address on our records, <u>enter the</u>	name of the new reg
3. If amending the registered agent and/or registered agent and/or the new registered office address here:		name of the new reg
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter the</u> Finter Florida street address	name of the new reg
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:		

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	CLAUDIA HERBELET	200 178TH DRIVE APT 604 SUNNY ISLE FL 33	i1 _□Add
			_ =Remove
			_ □Change
MGR	JOSE MANUEL SERRANO VIEI	488 NE 18TH STREET APT 1204 MIAMI FL 331	3: ≣ Add
			2020 F O
		···	
			URemove
			_ □Change
			_ □Add
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ffecti	ive date, if other the	han the date	of filing:				(optional)	N Domesont to	405 0 3 0
ote:	If the date inserted i	in this block do	es not meet ti	he applicable	e statutory fili	ng requiremen	nts, this date	will not be	listed as
ocum	ent's effective date	on the Departm	ent of State s	s records.					
record	d specifies a delayed led.	l effective date.	but not an cf	Tective time	, at 12:01 a.m	on the earlie	rof: (b) Th	ne 90th day a	after the
ated .	OCTOBER 28		20	20					
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Typed or printed name of signee