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## **COVER LETTER**

TO:

Registration Section Division of Corporations

M&K AU SUBJECT:	TO MARKET LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALEJANDRO PICHARD	O	
	ACCOUNTING CENTER	Name of Person R OF ORLANDO LLC	·····
	1706 E SEMORAN BLVI	Firm/Company D STE 103	
	APOPKA, FL 32714	Address	
	APICHARDO@ACCOUN	City/State and Zip Code TINGORL.COM	
	E-mail address. (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
ALEJANDRO PICHAR	DO	407 574-7340 at ( )	
Name of Person		Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&K	ΑU	TO.	MAR	ιĸ	EΤ	LLC

( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L19000162450</u> .	npany were filed on JUNE 20, 2	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
		<u> </u>
Enter new mailing address, if applicable:		N 17
(Mailing address MAY BE A POST OFFICE BOX)		The in
		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our ros s here:	ecords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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 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 as of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		TEMPLE TERRACE. FL 33617	Remove
			Change
MBR	MAHMOOD SOLAIMAN SHAMSALDAIN	11149 NORMANDY CIR APT 2 TEMPLE TERRACE, FL 33617	<u></u>
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record specifies a delaye The 90th day after the re	d effective cord is filed	date, but i l.	not an effe	ctive time,	at 12:01 a	ı.m. on	the e	arlier
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	Signature of a	a member or au	thorized repre	sentative of a me	mber			_
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