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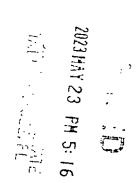
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of 7/19/2023

COVER LETTER

TO:

Registration Section Division of Corporations

	'S MARKET PLACE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOAO DOUGLAS DA SII	LVA	
		Name of Person	
	OLIVEIRA'S MARKET P	LACE, LLC	
		Firm/Company	
	13781 E COLONIAL DRI	VE SUITE A , SUITE B	
		Address	
	ORLANDO, FL 32826		
		City/State and Zip Code	
	JOE@DXBUILDINGS.CO		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please co	all:	
ANNA MARINHO		321 662 4079 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee, l	TL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HAY 23 PH 5: 16

OLIVEIRA'S MARKET PLACE, LLC

(Name of the Limited Liability Company as it now appears on our records):
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company	were filed on <u>02/07/2020</u>	and assigned
Florida document number 1.20000046514	·		
This amendment is submitted to amend the following	Howing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or	manietamed office	addence on one eaggeds antar t	ha nama af the nave ragistar
agent and/or the new registered office addr		address on our records, enter o	ne hame of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		Flor	rida
		City	rida Zip Code

New Registered Agent's Signature, it 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 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
MGR	JOAO DOUGLAS DA SILVA	2295 S HIAWASSEE RD, 100B	≣ Add
		ORLANDO, FL 32835	□Remove
			□ Change
MGR	MAURILIO R. DE OLIVEIRA	16631 POINT ROCK DR	≣ Add
		WINTER GARDEN, FL 34787	□Remove
			[]Change
			□ Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
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			□Remove
			□Change

					
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n effective date is listed ite: If the date insert	er than the date of fil the date must be specific ted in this block does no ate on the Department of	and cannot be prior to of meet the applicab			;.) Pursuant to 605.020
diment's effective di	ived effective date, but i	not an effective tim	e, at 12:01 a.m. on th	ne earlier of: (b) T	he 90th day after the
cord specifies a dela	yed erreenve dine, that i				
ecord specifies a dela s filed.	19	2023	/		
ecord specifies a dela is filed.	19	2023 [mu/m			
	19 ————————————————————————————————————	John Jo	zeli representative of a	member	

Filing Fee: \$25.00