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## **COVER LETTER**

SUBJECT:	Malkenn	g Pro Salei Li	C
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	mitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Can	NI (0170	
		Name of Person	
	<u> </u>	Firm/Company	
	221 W Hall	landale Beach E	SIZ <u>stiva, cuite</u> 312
	Hallandali	Beach, FL City/State and Zip Code	33009
	E-mail address: (10	nexusociety. Wroot be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	II:	
LINCA 7 Name of	Eswbar Person	at (786) 859 Area Code Daytim	3276 e Telephone 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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marketing Pro	o Saler (		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on Jiability Company)	our records.)	THE REPORT OF
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000439426</u>	were filed on	ay 22/20	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	N.A		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	N.A		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	NA		
New Registered Office Address:	N A Emer Florida s		
	NA	, Florida	NA
	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.

N.A

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	Ignacio A. Pulido	221 W Hallandale Beach P Suite 312, Hallandale Bea Fl, 81P code 33009	Notate Add  Ch  Remove
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:  N.A (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	07/27/2020
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00