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(Requestor's Name)					
(Add	(Address)				
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(Cir	y/State/Zip/Phone	: #)			
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W. SOLOMON

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

MARKET I	ESSENTIALS LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Anthony Carter			
Name of Person				
	MARKET ESSENTIALS	LLC		
		Firm/Company		
	13900 S Jog Rd # 104		7.:	2022
		Address		8 ¥58
	Delray Beach FL 33446			25 28
		City/State and Zip Code		<u>⊐</u> €.
	sales@marketessentls.com			Ľ,
	E-mail address: (to be used for future annual report notification	n)	05
For further information co	oncerning this matter, please c	all:		
Anthony Carter		407 360-3083		
Name o	f Person	Area Code Daytime Tele	phone Number	
Enclosed is a check for the	ne 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 Addres Registration S	_	<u>Street Address:</u> Registration Section	ı	
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARKET ESSENTIALS LLC		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company))
	Liability Company were filed on 08-24-2020	and assigned
Florida document number 1.20000260396		
his amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		2022
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICI	E BOX)	20
		.,
 If amending the registered agent and/or igent and/or the new registered office addr 	registered office address on our records, enter th	
gent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:	Anthony Carter	
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anthony Carter	13900 S Jog Rd #104	≣Add
		Delray Beach FL 33446	□Remove
			□Change
			□Add
			□Remove
			Change
			□Change □Add PR 25 □Remove
			□Ĉhan g
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove

_____ Change

Typed or printed name of signee

Anthony Carter