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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Sec Division of Corp						
Market Esse	entials LLC					
SUBJECT:						
	Name of Limi	led Liability Company				
The enclosed Articles of .	Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number  Daytime Telephone Number					
Please return all correspo	ndence concerning this matter t	to the following:				
	Anthony Carter					
		Name of Person	•			
	Market Essentials LLC					
		Firm/Company				
	13900 S JOG ROAD #104					
	DELRAY BEACH, FL33446	Address				
			ication)			
For further information c Anthony Carter	oncerning this matter, please ca		3083			
Name o	f Person					
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &			
Mailing Address		Street Address:	vion.			
Registration S Division of C		Registration Sec Division of Cor				
P.O. Box 632	•	The Centre of T				

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TH. ED

Market Essentials 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 08/24/2020 and assigned Florida document number \_\_\_\_\_L20000260396 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Anthony Carter Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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.

City

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> MGR	<u>Name</u> GROELINGER, JAMES	Address 13900 S JOG ROAD #104	Type of Action
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl	date of filing:	1	(opti	ional)		
in the date inscreed in this of	ock does not meet the	applicable statutory i	or more than 90 days afte filing requirements, thi	r filing.) Purs is date will r	uant to 60: not be list	5.0207 ted as (
document's effective date on the D	epartment of State's re	coras.				
ne record specifies a delayed effective	e date, but not an effec	ctive time, at 12:01 a.	m. on the earlier of: (t	o) The 90th	ı day afte	er the
ord is filed.						
June 22 Dated	2022	٨				