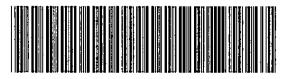
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(Re	questor's Name)	
·	,	
——————————————————————————————————————	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nап	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: MAV	KETLINK COM	MCYCIAL LLC.	¢ .
	Name of Lin	nited 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:	
	Elizabe	7h P. Wrynt Name of Person	
		-INK COMMCTCIC	allic.
	4428 57	· ANDREWS DRIVE	<u>-</u>
	BOYN TON F	ろい た 35436 City/State and Zip Code	,
	_	MARKETLINE CH to be used for future annual report noti	
For further information o	E-mail address: (oncerning this matter, please c	-	fication)
		an:	
Elizabeth Name o	P. WYYNT f Person	at (501) 499- Area Code Daytime	- 2110 e Telephone Number
Enclosed is a check for th	ne following amount:		
EV\$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Markenly	nk comr	mercial LLL.	
(<u>Name of the Li</u>	(A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited	Liability Compa	ny were filed on 912212020	and assigned
Torida document number L200002	16567		
his amendment is submitted to amend the fo	ollowing:		
If amending name, enter the new name	of the limited li	iability company here:	
NA			
ne new name must be distinguishable and contain th	e words "Limited Li	ability Company," the designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if app	licable:		
Principal office address MUST BE A STRI			
The opice dualess MOST BE A STRI	<u>EET ADDKESS)</u>		
			**·-
nter new mailing address, if applicable:		N/P	
<u> Mailing address MAY BE A POST OFFIC</u>	E BOX)		
			~
. If amending the registered agent and/or		ce address on our records, enter the nar	ne of the new registe
gent and/or the new registered office add	ress here:		
			1
Name of New Registered Agent:	7/4		
N 5 : 100			高半江
New Registered Office Address:		Enter Florida street address	
		Emer From the Street that ess	58
		Florida	:
		City	Zin 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 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
MGK	Elizabean P. Wynr	4428 ST. ANDREWS DK.	_ ⊈ Add
		BOYNTON ELA EL 33436	□Remove
			□Change
			_ 🗆 Add
			□Remove
			□Change
			□Add
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