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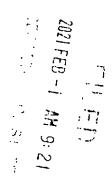
| (Requestor's Name) |
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| (Business Entity Name) |
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| SUBJ | ECT: | Mercadec Name of Limi | D - EMPHSANOS UC | | | | | |
| The er | nelosed Articles of A | mendment and fee(s) are subi | mitted for filing. | | | | | |
| Please | return all correspond | lence concerning this matter | to the following: | | | | | |
| | | Ratae | Name of Person | 27 | | | | |
| | | Ratael | Alberto Per | C-5 | | | | |
| | | | llandale Beac | | | | | |
| | | Halland <u>Nexus@ Ne</u> E-mail address: (t | City/State and Zip Code (XUSOCIETY: WM o be used for future annual report notif | 33009 | | | | |
| For fu | rther information con | cerning this matter, please ca | II; | | | | | |
| <u>Î</u> | Name of P | NS-CCO erson | at (786) 740 Area Code Daytime | 2249 : Telephone Number | | | | |
| Enclos | sed is a check for the | | | | | | | |
| □ \$ 2 | 5.00 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:

TO:

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

| Mercadio - Emp | | | |
|--|--|---|-------------|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) oility Company) | | |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L 2000 3640 7</u> .2 | ere filed on 11/17/2020 | and assig | ned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabilit | y company here: | | |
| ~. A | | - · · · · · · · · · · · · · · · · · · · | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the | abbreviation "L.L.G | C." |
| Enter new principal offices address, if applicable: | | <u> </u> | |
| (Principal office address MUST BE A STREET ADDRESS) | N.A | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NA | | <u>_</u> |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | e address on our records, <u>ente</u> | r the name of | the new |
| Name of New Registered Agent: | N.A. | 1 | |
| New Registered Office Address: | N.A | | |
| | Enter Florida street address | ي ري | 4.40 |
| | <u>, Florida</u> | NAC | |
| | 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 Title Name **Address** Type of Action AMBR Gabriela Mana 221 W Hallandale Beach
Hernander Blvd, Hallandale Beach
23009 Remove 33009 _□ Change Hernan Flores 221 w Hallandale Beach XAdd AMPR Blvd Surt 312 Hallandale Reach, 32009 Remove Ba1201a _□ Change ☐ Remove _□ Change □ Remove _□ Change □ Add ☐ Remove

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