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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mae 21 Market-place LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brookt Teal Name of Person
maezi marketplace ilc
5352 Woodvale Dr.
Sarasuta, Fl. 34232  Brooke B Teal Comail-com  E-mail address: (to be used for future annual report notification)
Brooke Tea at 94 544-3211  Name of Person at Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
25.00 Filing Fee Solution Status Solution Stat
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

. .

Maezi Marketpi	ace	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L210004023166</u>	vere filed on	1/10/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de	signation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)		<u>.                                    </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our re	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			22
	Enter Flori	da street address	22 75
		, Florida	<u> </u>
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	e to act in this c	apacity. I further agr	ree 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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BrookeTeal	5352 Woodvale Dr.	CAdd
		Savasota, Fl 34232	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			DAdd &
			Remove
			□Change
			□Remove
			□Change
	Later seas the		□Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	— <u>~</u> ;
	Fig. 7.
E. Effective date, if other than the date of filing:	: to <u>&amp;9</u> 5,020 <b>7</b> (3)k
document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th derecord is filed.	y after the
Dated September 21 2021.	
Mighature of a member or authorized representative of a member	
Brank TPa I	
Typed or printed name of signee	_

Filing Fee: \$25.00