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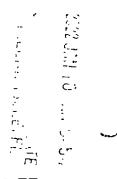
(Requestor's Name)
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A. BUTLER JAN 18 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
3110 10 730	KET GOODS LLC			
SUBJECT:	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:		
	Sonia Becerra			
		Name of Person		
	Swyft Filings, LLC			
		Firm/Company		
	3 Greenway Plaza, Suite 1:	320		
		Address		
	Houston, TX 77046			
		City/State and Zip Code		
	filings@swyftfilings.com E-mail address: (to be used for future annual report not	ification)	
For further information co	oncerning this matter, please ca		·	
Sonia Becerra		877 777-0450		
Name of	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Se	yetion	
Registration Section Division of Corporations		Division of Co	rporations	
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MARKET O	· · · · · · · · · · · · · · · ·		
(Name of the Limited Liability Compan (A Florida Limited Li	A STATE OF THE STA		
The Articles of Organization for this Limited Liability Company v Florida document numberL21000403722	were filed on09/13/2021 and assigned IE		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	1435 Brickell ave		
	unit 3011 Miami FL 33131		
Enter new mailing address, if applicable:	1435 Brickell ave		
(Mailing address MAY BE A POST OFFICE BOX)	unit 304 Migmi FL 33131		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name of the new register		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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 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>	<u>Address</u>	Type of Action
AMBR ERM	ERKUT AKBAS	1430 BRICKELL AVE UNIT 3011	□ Add
		MIAMI, FL 33131	⊠Remove
	NOE AOEUEDO		Change
AMBR N	NOE ACEVEDO	1430 BRICKELL AVE UNIT 3011	□Add
		MIAMI, FL 33131	⊠ Remove
			□Change
			□ Rепюче
			□Change
			□Remove
			□Change
			□Add
			□Rелюve
			□Change
			🗆 Add
			□Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.
Dated 7 01 2021 . 2021
Signature of a member of authorized representative of a member
DIAMA RAMOS Typed or printed name of signee