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S. FRANKLIN JUN 13 2023

COVER LETTER

TO: Registration Se Division of Cor	ection porations		
433 133 133 COO	RKETPLACE LLC		
SUBJECT:	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:	
	ROBERTO I. CASTRO		
		Name of Person	
		Firm/Company	
7157 NARCOOSSEE RD SUITE 1277			
		Address	
	ORLANDO FL 32822		
		City/State and Zip Code	
	ROBERTOCASTROA@G	MAIL.COM to be used for future annual report	. 13° - 3.
For further information co	oncerning this matter, please c	·	notification)
ROBERTO CASTRO		407 4952404 at ()	
Name of	Person	Area Code Da	ytime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$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 Tollakassas, El 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 M. Marson Court College 010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000061158</u> .	were filed on 02/04/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CINCO OCHO LLC		2
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC"	APR 25 PH
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	NA	6: 27 E. F.L.
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	, Flo	orida
**************************************	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

RIGO MARKETPLACE LLC

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
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			□Remove
			☐ Change
			🗆 Add
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	04/202023
Effecti Can effe	re date, if other than the date of filing: (optional) crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locume	nt's effective date on the Department of State's records.
	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
d is file	d.
	APRIL 20 2023
Dated_	APRIL 20
	D/astm).

Typed or printed name of signee