Laacoolaido

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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JUL 27 2022	

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SECRETARY OF STA
TALLAHASSEE, H. T.
TALLAHASSEE

COVER LETTER

Division of Corp	orations		
SUBJECT: THE	MARKET TEC	HS LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspot	ndence concerning this matter to	o the following:	
	Zuchar	y Gilchrist Name of Person	
	THE MAK	RKET TECHS LLC Firm/Company	······
	1505 W Thank	ne St. Unit # 2634	<i>D</i>
	Tullahassee, F	L 32303 City/State and Zip Code	
		hrist@ymail. Com	
For further information co	oncerning this matter, please ca	H:	
Zuchary Gi	lchrist	at (<u>454</u>) <u>683 –</u> Area Code Daytime	7540
Name 0	11 (1301)		
Enclosed is a check for th	ne 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)

TO:

Registration Section

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

ARTICLE	ES OF ORGANIZATION OF	
THE MARKET (Name of the Limited Liab (A Flor	TECHS LLC illity Company as it now appears on our ida Limited Liability Company)	records.) /2022 and assigned
The Articles of Organization for this Limited Liability Florida document number <u>L22000127660</u>		12022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "LEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)	224 North DRESS) #1263 Tullahussee, F	Monroe Strect L 32303
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2241 North #1263 Tallahassee, FL	Munrue Street _ 32303
B. If amending the registered agent and/or registe agent and/or the new registered office address here		enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 22	241 North Monroe Stree Enter Florida street	et #1263
_ 1	Tullahassee City	. Florida 32303 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>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
		-,	
			□Remove
			□Change
			□Remove
			□Change
			∃Add
			□Remove

		
		
		
		
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<u>te:</u> If tl	e date, if other than the date of filing:	uant to 605.020 not be listed a
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 900	h day after the
s filed.		