8/3/22, 1-24 PM

Division of Corporations

Florida Department of State Division of Corporations Electronic Fling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Bmail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERKATO MARKETING & TRADE SERVICES LLC

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T. LEMIEUX

AUG - 4 2022

To: 18506176383 From: 12147128131 Date: 08/03/22 Time: 8:26 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000262736 3)))

MERKATO MARKETING & TRADE (Name of the Limited I (A			on our records.)				
The Articles of Organization for this Lamited Liabi		were filed on $\frac{05/2}{}$	7/2022 and assigned				
This amendment is submitted to amend the followi	ing:						
A. If amending name, enter the new name of th	ie limited liab	ility company her	<u>e</u> :				
The new name must be distinguishable and contain the word	ls "Limited Liabil	hty Company," the de:	ignation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable	le:	2791 SUNNYVA	LE ST				
(Principal office address MUST BE A STREET)		SAINT CLOUD.	FLORIDA 34771				
Enter new mailing address, if applicable:		2791 SUNNYVA	LE ST				
(Mailing address MAY BE A POST OFFICE BO)X)	SAINT CLOUD, FLORIDA 34771					
B. If amending the registered agent and/or regingent and/or the new registered office address between the new registered of the new registered of the new registered of the new registered of the new registered agent and/or registered agent and/or registered of the new regi	istered office : h <u>ere</u> :	address on our re	cords, <u>enter the name of the new register</u>				
Name of New Registered Agent:			. Nh				
New Registered Office Address:	2791 SUNNYY		<u> </u>				
			la succet address				
	SAINT CLOU	Chy	Florida $\frac{34771}{5}$ $\frac{\Box}{2ip \ Code}$ $\frac{\Box}{2i}$				
New Registered Agent's Signature, if changing Res	gistered Agent:	<u>.</u>	iled 3 A Section				
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region pany has been notified in writing of this ch	and complete vred agent as j gistered office	performance of r provided for in C	apacity. I further agree, to c oll iply with th ny dunes, and I am <mark>familiar w</mark> ith and hapter 605, F.S. Oraf This (R ament is				

To: 18506176383 From: 12147128131 Date: 08/03/22 Time: 8:26 PM Page: 03/04

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H22000262736 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	JOSE A BARRIOS FURK	14235 KELLOGG AVE	∃Add
		OREANDO, FL 32827	_
			Cl Change
MGRM	JOHAN MARCEL RAMIREZ	2791 SUNNYVALE ST	∭Add
		SAINT CLOUD, FLORIDA 34771	
		1.5.	
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To:	18506176383	From:	12147128131	Date:	08/03/22	Time:	8:26	PM Page:	04/04	

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August 01 2022	h day after th
area	
Signature of a member or authorized representative of a member	

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