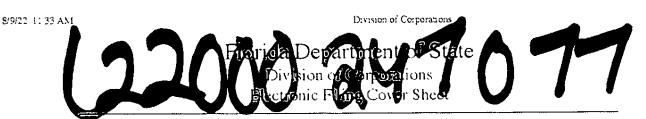
To: 18506174383 From: 12147128131 Date: 08/09/22 Time: 6:35 PM Page: 01/04



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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. **

Rmail Address:___

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

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To: 18506176383 From: 12147128131 Date: 08/09/22 Time: 6:35 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ANTICE	OF •
MERKATO MARKETING & TRADE S	SERVICES LLC
(Name of the Limited Li (A Fi	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number 1.22000247077	ty Company were filed on 05 27/2022 and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "EEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist agent and/or the new registered office address be	ered office address on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida 7
New Registered Agent's Signature, if changing Regis	City 5. Zap Cijde 1
provisions of all statutes relative to the proper at accept the obligations of my position as registere	ent and agree to act in this capacity. I further agize, to comply with a complete performance of my duties, and I am familian with and a agent as provided for in Chapter 605, F.S. Or Affilis (Mument) tered office address. I hereby confirm that the limited liability age.

If Changing Registered Agent, Signature of New Registered Agent

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

(((H22000269103 3)))

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	BUSY MINDS LEC	2791 SUNNYVALE ST	□Add
		ST CLOUD, FL 34771	
			Change
MGRM	Clara E Ramirez Tangarife	2791 SUNNYVALE ST	DAdd
		ST CLOUD, FL 34771	
			■ Change
			DAdd
		□Remove	
			□Change
			DChange
		4	
		DRemove	
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cord specific is filed	a delayed. (fice we	date, but not an	effecti e time, a	at 12:01 a.m. or	the earlier of:	(b) - f -e 90th da	yatirth
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		11	· · · · · · · · · · · · · · · · · · ·				
		Signature of a men	c ito		<i>x</i>		

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