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COVER LETTER

Division of Cor	porations		
Nugen Mart	LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	A durant and Foo(a) and outline	mitted for filing	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bibi S. Larson		
		Name of Person	
	Britto Mart LLC		
		Firm/Company	
	1731 SW 2nd Avenue		
	-+	Address	
	Ocala, Florida 34471		
	Larson.bibi@yahoo.com	City/State and Zip Code	. 1
	E-mail address: (to be used for future annual report notifica	uion)
For further information c	oncerning this matter, please ca	all:	
Bibi Larson		352 266-6098	· ·
Name o	of Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\infty\$ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Section 18

Registration Section

TO:

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 OF

Nugen Mart LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our reconted Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Comp		
The Articles of Organization for this Limited Liability Comp	any were filed on	and assigned
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Britto Mart LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off	Gee address on our records, ente	er the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	7055
	imer Florida sweet ada	Cod
		FloridaZip Code
	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 Changing Registered Agent, Signature of New Registered Agent

• 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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			□Change
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n effective date is listed, te: If the date inserte	r than the date of fili the date must be specific a ed in this block does no ite on the Department of	and cannot be prior to o t meet the applicabl	date of filing or more te statutory filing rea	(optional han 90 days after file quirements, this definition of the control of th	ing.) Pursuant to 605.02
ecord specifies a dela is filed.	yed effective date, but n	ot an effective time	e, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after th
led March 2	923	<u> 2023</u>			
ted in way to	1				