To: 18506176383 From: 19166105073 Date: 01/06/23 Time: 11:20 PM Page: 01/06



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(((H220004168133)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086

Phone : (916)576-7000 Fax Number : (800)603-5868

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

RLOPS@PARASEC.COM Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADMENG MARKETPLACE LLC

Certificate of Status	0
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Help

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To: 18006035868 From: Restricted Date: 12/16/22 Time: 8:47 PM Page: 01 12/16/2022 3:47:31 PM PAGE 1/001 Fax Server

December 16, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MADMENG MARKETPLACE LLC 2774 E COLONIAL DR STE C #1013 ORLANDO, FL 32803US

SUBJECT: MADMENG MARKETPLACE LLC

REF: L22000405905

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt FAX Aud. #: E22000416813 Regulatory Specialist III Letter Number: 122A00028136 To: 18506176383 From: 19166105073 Date: 01/06/23 Time: 11:20 PM Page: 03/06

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madmeng Mar				
(Name of the Limit	ed Liability Comps (A Florida Limited	any as it now appears o Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited L Florida document numberL22000405905	iability Company	were filed on09	/16/2022	and assigned
This amendment is submitted to amend the folia	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Lumited Liabi	lity Company," the desig	nation "ILLC" or the al	observation "L.C.C."
Enter new principal offices address, if application	nble:	4530 Sleepy Oa	k Lane	
(Principal office address MUST BE A STREE	TADDRESS)	Titusville, FL 3	2780	
		<del></del>	<u>., .,</u>	
Enter new mailing address, if applicable:		4530 Sleepy Oa	k Lane	
(Malling address MAY BE A POST OFFICE )	3 <i>0X</i> )	Titusville, FL 3	2780	
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:		ddress on our reco.	rds, <u>enter the nam</u>	_
Name of New Registered Agent		. <u>-</u>		
New Registered Office Address:	4530 Sleepy	Oak Lane Enter Florida s	irees address	
	Titusville	•	, Florida	32780
		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 hability company has been notified in writing of this change.

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:

MGR = Manager AMBR = Authorized Member

٠.

<u>Title</u>	Nume	Address	Type of Action
AMBR	Jonathan Rivera	4530 Sleepy Oak Lane	🗆 Add
		Titusville, FL 32780	::Remove
			DAda
			□Remove
			DChange
			□Add
			DRemove
			OAdd
			🗆 Remove
			DChange
			GRamove
			— Change
			DAdd
			©Remove
			©Change

2023 JAR-9 PH 1:00

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ianelle <u>Yote:</u> I	ve date, if other than the date of filing:  clive 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 605,021 filing date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and'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 cartier of: (5). The 90th day after the

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. . . .

Filing Fee: \$25.00

Typed or printed name of signee

Jonathan Rivera

2023 JAN -9 PH 1: