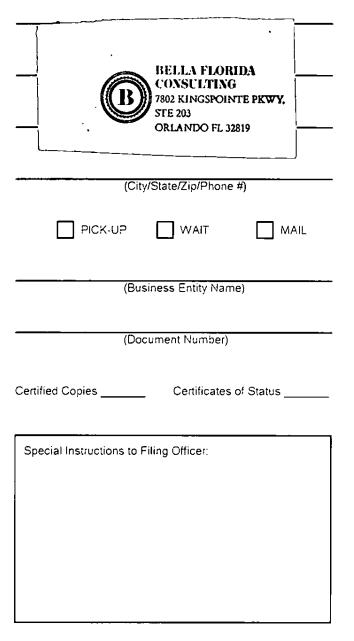
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
	RCELOS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	•			
		Name of Person		
		Firm/Company		
		Address		
		Address	ب : 	7024 H
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	2024 HOV -5
	É-mail address: (to be used for future annual report not	ification)	3.
For further information e	oncerning this matter, please c	all;		1 22
SORAYA MEIRA		407 491-4189		
Name o	f Person	Area Code Daytin	ne Telephone Number	_
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)	S60.00 Filing I Certificate of Certified Copy (additional copy in the copy in	Status & y
		<u>.</u>		
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection	
Division of C		Division of Con		
P.O. Box 632	-	The Centre of	-	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALINE BARCELOS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/06/2023	and assigned
Florida document number L23000461831		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
AF MKT LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20
	;-···	2
		2
	·	ر ن
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	 	
		. ··
		The state of the s
3. If amending the registered agent and/or registered office a	iddress on our records, <u>enter the name</u>	of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Planta	
	, Florida	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
AMBR	FERNANDA BATISTA SOARES	2350 BRIX ST	≡ Add
		ORLANDO, FL 32804	Remove
			□Change
			
			□Remove
			□ Change
			□ Add
			□Remove
			Remove
			□ Change
			□Add
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			Change
			□Remove
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ffectiv	date, if other than the date of filing: (optional) e 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 605.0207 (
ote:	ie date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as (
ocume	s effective date on the Department of State's records.
record	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is file	
_	
	VEMBER, 1ST 2024
ated _	
ated _	

Typed or printed name of signee