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COVER LETTER

Division of Corporations	
SUBJECT: Might Market CC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Hoany Occ Tran Name of Person	
Might market uc Firm/Company	
7775 78m St N Address	
PINELLAS PARK FC 33781 City/State and Zip Code	
E-mail address: (to be used for future samual report notification)	
For further information concerning this matter, please call:	
Houng tan at (717) 480-3139 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following autount:	
S25.00 Filing Fee Sacrificate of Status Certificate of Status Cert	
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

The Articles of Organization for this Limited Liability Company were filed on 12/26/2024 and assigned <u>24000083738</u> Florida document number This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street uddress 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 doctilient is, " " being filed to merely reflect a change in the registered office address, I hereby confirm that the limifed 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

Title	<u>Name</u>	Address	Type of Action
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		tarpon springs	
		FL 34689	□Change
MIR	Han, Nguyon	4604 yam st North	🗆 Add
		St potersburg FC	XRemove
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Page 2 of 3

). If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if	necessary.)
		
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Note: If the date inserted in this b document's effective date on the E	d effective date, but not an effective time, at 12	ts, this date will not be tisted as the
Dated De Cember	16 2024	
Dated DICTITION	11	8 22 23
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	1600 1	26
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