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(Red	(Requestor's Name)		
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(City	//State/Zip/Phon	e #)	
☐ PICK-UP	WAIT	MAIL	
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Registration Section TO: **Division of Corporations**

MW MARKET INC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cody German		
		Name of Person	· · · · · ·
		Firm/Company	
	9150 S Dadeland Blvd, su	ite 1400	
		Address	
	Miami, FL, 33156		
	ej.hernandez@me.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Cody German		305 350 5300	
		at () Area Code Daytimo	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

TO ARTICLES OF ORGANIZATION OF

MW MARKET INC

2 m. 1-2 m 9:51

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company	were filed on 08.	/28/2019	and assigned
Florida document number P190006887	2			
This amendment is submitted to amend the folk	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	signation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applic	able:	9150 S Dade	eland Blvd, suite 14	00
(Principal office address MUST BE A STREET ADDRESS)		Miami, Florida 33156		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	9150 S Dade Miami, Florid	eland Blvd, suite 14 a 33156	00
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our rec	cords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	CODY GERM	AN		
New Registered Office Address:	9150 S Dadeland Blvd, suite 1400			
New Registered Office Address.	Enter Florida street address			
	Miami		Florida	56
		City	r 1011da	Zip Code
New Registered Agent's Signature, if changing I	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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Presid MICHAEL J WALDING JR ent	MICHAEL J WALDING JR	55 SW 9TH ST	
	MIAMI, FL 33130	□Add	
			= Remove
			□Change
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			□Change

			
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to k does not meet the applicab		
e record specifies a delayed effective d rd is filed.	ate, but not an effective tim	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day after th
October 8 Dated	2020	<u>.</u> .	
Middle	gnature of a member or authori	I zed representative of a memb	er
MICHAEL J WALDI			
	Typed or printed	name of signee	