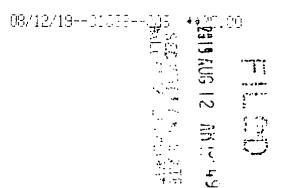
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Cor	porations				
	WOLFRANK SERVICES LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspo	indence concerning this matter t	o the following:			
		MARIET OSTOS				
			Name of Person			
		SUCCESS BUSINESS SO	LUTIONS			
			Firm/Company			
2751 S. CHICKASAW TRAIL. SUITE 106						
			Address			
		ORLANDO, FLORIDA 32	829			
			City/State and Zip Code			
		PAYROLL@MARIETOST E-mail address: (1	OS.COM to be used for future annual report no	tification)		
For further in	nformation c	concerning this matter, please ea	ill:			
MARIET O	STOS		407 745-4684			
	Name (of Person	at () Area Code Daytii	me Telephone Number		
Enclosed is	a check for t	he following amount:				
\$25.00 J	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)		
	Regist Divisi	ING ADDRESS: tration Section on of Corporations Box 6327	STREET/COUR Registration Sect Division of Corp Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears or Liability Company)	our reçords.)	_
The Articles of Organization for this Limited I Florida document number L18000108930	iability Company	were filed on	/2018 and	assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desig	nation "LLC" or the abbreviation	Mallic."
Enter new principal offices address, if appli-		nb		E TI
(Principal office address MUST BE A STRE	ET ADDRESS)		, il dan	5 !
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	nla		MH 10: "9
B. If amending the registered agent and registered agent and/or the new registered of	Nor registered o	office address on o	ur records, enter the na	me of the
Name of New Registered Agent:	Na_			
New Registered Office Address:	2517 LACER		street address	
	ORLANDO		, Florida 32828	
		City	Zip (lode

New Registered Agent's Signature, if changing Registered Agent:

WALED AND CED MACECIA

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARTINEZ GOMEZ. FRANCISCO A	2517 LACERTA DR	🗀 Add
		ORLANDO, FL 32828	Remove
			Change
AMBR	DEGWITZ DE MARTINEZ. LUISA ELIZABETH	2517 LACERTA DR	Add
		ORLANDO, FL 32828	Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
(If an et <u>Note:</u>	five date, if other than the date of filing: 08/01/2019 (optional) fective 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 (3)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
(b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	AUGUST IST 2019
Direct	FRANCISCO MARTINEZ 2019 FRANCISCO MARTINEZ
	FRANCISCO MARTINEZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00