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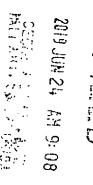
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COVER LETTER

TO:

TO:	Registration Sec Division of Corp					
er	FRANKO'S EMPORIUM, LLC Name of Limited Liability Company					
SUBJI						
The en	closed Articles of a	Amendment and fee(s) are sub-	nitted for filing.			
Please	return all correspon	ndence concerning this matter (to the following:			
			AMABELYS ALVAREZ			
	Name of Person FRANKO'S EMPORIUM, LLC					
		Firm/Company 8156 SOLDIERWOOD ST.				
Address						
		WINT	TER GARDEN, FL 34787			
		INFO@	City/State and Zip Code AAMEDICALUSA,COM			
		E-mail address: (1	to be used for future annual report not	ification)		
For fu	rther information of	oncerning this matter, please ca	all:			
AMABELYS ALVAREZ			407 300-8431	<u> </u>		
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclos	sed is a check for th	ne following amount:				
□ S2	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)		
4	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Secti Division of Corpo Clifton Building	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANKO'S EMPORIUM, LLC (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 Liability Company were filed on ______11-27-2018 and assigned Florida document number ___L18000273992 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FRANKO'S EMPORIUM, LLC 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 address City

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 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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Remove		
			Change		
			Remove		
			☐ Change		
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			Add		
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Page 3 of 3

Typed or printed name of signee

AMABELYS ALVAREZ

Filing Fee: \$25.00