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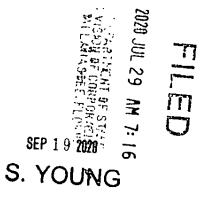
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COVER LETTER

TO: Registration S Division of Co				
	onsulting Group LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Joseph Malone Jr.			
		Name of Person		
	Malone Consulting Group	LLC		
		Firm/Company		
	8449 Eagle Brook Dr			
		Address		
	Land O Lakes , FL 34638			
		City/State and Zip Code		
	joe.malone@maloneconsult E-mail address: (ing.net to be used for future annual report no	otification)	
For further information	concerning this matter, please c	all:		
Joseph Maloñe Jr.		704 619-0263		
Name of Person		at () Area Code Dayti	ime Telephone Number	
Enclosed is a check for	the 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 Addre		Street Address:	ta astron	
Registration Division of	Section Corporations	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Malone Consulting Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 05/18/2020 The Articles of Organization for this Limited Liability Company were filed on _ 1,20000132936 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 "LLC." 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.

Ιſ	Changing	Registered	Agent,	Signature	of New	Registered Ager	n#

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	Joseph Malone Jr.	8449 Eagle Brook Dr	□Add
		Land O Lakes, FL 34638	□Remove
			□Add
			□Remove
			□ Change
		·	□Add
		-	□Remove
			□Change
			□Add
			Change
			Add
			Remove
			☐ Change
			□Add
			□Remove
			□ Change

Typed or printed name of signee