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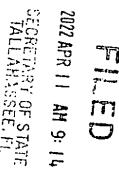
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	MACK AN	ND GONZALEZ LLC :	•		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
	<del></del>	Firm/Company			
	17350 STATE HWY 249	STE 220			
		Address	<del></del>		
	HOUSTON, TX 77064				
	EFILE1234@INCFILE.CO	City/State and Zip Code			
		to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
LOVETTE DOBSON		1 888-462-34 at ()	53		
Name o	of Person	Area Code Daytin	ne 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)		
<u>Mailing Addres</u> Registration S		Street Address:			
Division of C		Registration Se Division of Co			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACK AND GONZALEZ LLC

FILED

2022 APR 11 AM 9: 14

(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FL
IALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on 05/29/2020 and assigned
Florida document number L20000149785
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
MACK FRANCHISE ENTERPRISES 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 Zip Code
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
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record specifies a delayed effectiv is filed.	e date, but not an ef	fective time,	at 12:01 a.m. or	the earlier of:	(b) The 90th o	lay after the
April 4th	202	22 .				
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