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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Malka Pio Services, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: ARIEL MALKA Name of Person MALKA PRO SERVICES, LLC Firm/Company 9390 SW 61ST WAY, APT D Address BOCA RATON, FL 33428 City/State and Zip Code malkaproservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 561 562-3361 ARIEL MALKA Daytime Telephone Number Ārea Code Name of Person Enclosed is a check for the following amount: ☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee. □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed). (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FI 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MALKA PRO SERVICES, LLC				
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)			
The Articles of Organization for this Limited Liability Company lorida document number	were filed on 01/03/2023		_ and as	signed
this amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
he new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "LLC" of	or the abbrev	iation "I	1C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u></u>	
			<u>د</u> ر	
inter new mailing address, if applicable:		<u>}:</u>	,	i
Mailing address MAY BE A POST OFFICE BON		[1] -		
			-	U
		Q.F.	ČĎ	
3. If amending the registered agent and/or registered office a	address on our records, <u>enter tl</u>	-		w regi
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	rmer i tortaa streef adaress			
	Flor	ida		
	City		Zip Code	

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

Thereby 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 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	JOHANA MALKA	9390 SW 6184 WAY APUD, BOCA RATON FL 33428	= Add
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ective date, if other than the	date of filing:	(option	ıal)
reffective date is listed, the date muter. If the date inserted in this brument's effective date on the in	lock does not meet the applicabl	late of fifing or more than 90 days after to e statutory filing requirements, this	ling.) Pursuant to 605.0207 Jate will not be listed as
cord specifies a delayed effectiv s filed.	ve date, but not an effective time	, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
January 23	2023		-
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	Signature of a member or authoriz	ed representative of a member	7 - 0
ARIEL MALKA			gri is

Typed or printed name of signee