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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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G. MCLEOD

JUN - 2 2008

EXAMINER



200130443082

05/30/08--01026--001 **25.00

13 MAY 30 PM 3: 51

COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: Frozen Guy ILLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Miguel A. Maspons VMF (Name of Person)
Abadin Cook (Firm/Company)
9155 South Dadeland Blvd., Suite 1208
Miami, FL 33156 (City/State and Zip Code)
For further information concerning this matter, please call:
Miguel A. Mas pons VMF at (305) 670 - 4777 x 2241 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

·...

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENTON SECRET FILLS TO ARTICLES OF ORGANIZATION HAY 30 PM 3: 5.

		" ^{3:} 51
Fro Zen Guy, L (Name of the Limited Liability Compan	as it now appears on o	our records.)
(Name of the Limited Liability Compan (A Florida Limited Li	ibility Company)	,
The Articles of Organization for this Limited Liability Company	vere filed on5	9 08 and assigned
Florida document number <u>L0800049913</u> .		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	•
Ala		
The new name must be distinguishable and end with the words "Limit" L.L.C."	d Liability Company," 1	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1	N A
(Principal office address MUST BE A STREET ADDRESS)		
11 mepar office with the same of the same		
Enter new mailing address, if applicable:	N	A
(Mailing address MAY BE A POST OFFICE BOX)		
(Muning numress Infil BETT 1981 01 11011 1001)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ecords, enter the name of the nev
	ı	
Name of New Registered Agent:	NA	
New Registered Office Address:		
New Registered Office Address.	(Enter I	Florida street address)
		-
	(City)	, Florida(Zip Code)
Name Designated Agentle Signature if shanging Degistered Agents	(0)	(2)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of m rovided for in Chapte	y duties, and I am familiar with and r 608, F.S. Or, if this document is

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Asun Capital, LLC	13042 Coastal Circle Palm Beach Gardens, F.	Add Remove
MGR	Ansun Capital, LLC	13042 Coastal Circle Palm Beach Gardens, FL 33410	Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	·
			
-			<u> </u>
Dated	1 () 40	- Octure >	

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Filing Fee: \$25.00