L18000073679

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J. HARRIS

COVER LETTER

Division of Cor	porations		
FROZEN V	WKG18 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Abraham Benhayoun, Esq		
		Name of Person	
	The Benhayoun Law Firm		
		Firm/Company	
	12000 Biscayne Boulevard	l, Suite 221	
		Address	
	North Miami, FL 33181		
		City/State and Zip Code	
	officemanager@benhayoun	law.com to be used for future annual report notific	
			auon)
For further information c	oncerning this matter, please co	all:	
Abraham Benhayoun, Es	sq.	305 434-8233 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

TO:

Registration Section

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

FROZEN WKG18 LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/21/2018	and assigned
Florida document number L18000073679		
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 I	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	<u> </u>	
		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
making dualess man BETT OST OFFICE BOTT		2 2 1
		- 100 March 100
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street addres	s
	, Flo	orida
 	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BAIUTTI, GIONI	10513 NW 70 LN	Add
		DORAL, FL 33178	□ Remove
			Change
	-		Add
			□ Remove
			Change
			□ Add
		□ Remove	
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			Ad
		Remove Remove	
		☐ Change	
	 		Add
			□ Remove

_ Change

b. If amenung any or	her information, enter change(s) here: (Attach additional	sanceis, y necessary.)
-		
-		
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		_
(If an effective date is liste Note: If the date inse	her than the date of filing: ed, the date must be specific and cannot be prior to date of filing or more to the date in this block does not meet the applicable statutory filing reddate on the Department of State's records.	quirements, this date will not be listed as the
	es a delayed effective date, but not an effective time fter the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated April 11	2018	
	Beiliajallin	
	Signature of a member or authorized representative of a	member
Abraham l	Benhayoun for Gioni Baiutti	
	Typed or printed name of signee	2 P
	Page 3 of 3	

Filing Fee: \$25.00