# L19000090937

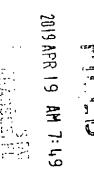
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/5	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	-

Office Use Only



200327609752

04/13/13--81016--819 ++25.00



C. GOLDEN APR 3 0 2019

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Frontier Excavation & Services, LLC 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:
RYAN MENDES Name of Person
Frontier Excavation & Services, LLC Firm/Company
2040 Underwood Ave
Saint Cloud FL 34771 City/State and Zip Code
Kenneth mendes @ hotma; 1-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RYAN MENDES  at (486) 686-3420  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Frontier Excavation	n & Services	LLC	2019 APR 19 AM 7:49
Frontier Excapation (Name of the Limited Liability Co. (A Florida Lim	ompany as it now appears on o nited Liability Company)	our records.)	Li SIAT
The Articles of Organization for this Limited Liability Comp Florida document number <u>L1900090937</u> .	pany were filed on April	02, 20	
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 designa	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<del>_</del>	<u> </u>
Enter new mailing address, if applicable:			· <u></u>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our <u>here</u> :	records, enter	r the name of the new
Name of New Registered Agent:		_	<del></del>
New Registered Office Address:			
	Enter Florida str	eet address	<del>-</del>
		, Florida	7.0
New Registered Agent's Signature if changing Degistered Age	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
AMBR	Luz MENOES	2040 Underwood Ave	
		2040 Underwood Ave Saint Cloud FL 34771	🗆 Remove
		<del></del>	Change
	<del></del>		Add
			🗆 Remove
			Change
		<u> </u>	Add
	<del></del>	Remove	
			Change
	·		Add
		□ Remove	
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
		<del></del>	Change

D. If amending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
	<del></del>
	<del>-</del>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0207 (3)(b) requirements, this date will not be fisted as the
If the record specifies a delayed effective date, but not an effective time.  (b) The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of:
Dated 4-16-19	
Ly the	
Signature of a member or authorized representative of	f a member
ZYAN MENDES Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00