L20000274640

(Requestor's Name)	
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COVER LETTER

	gistration Sect vision of Corpo				
	K Frost, LLC	•	, , , , , , , , , , , , , , , , , , ,		
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	n all correspond	dence concerning this matter	to the following:		
		Kristine E Frost			
			Name of Person		
		K Frost, LLC			
		 	Firm/Company		,
		1885 Shore Dr S Apt 222			
			Address		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		South Pasadena, FL 33707	,		
			City/State and Zip Code		<u></u>
		kristinefrost26@yahoo.com			
For further i	nformation con	E-mail address: (cerning this matter, please c	to be used for future annual reporall:	t notification)	
Kristine Fro	ost		616 443-566 at ()	53	
	Name of F	Person		aytime Telephor	ne Number
Enclosed is	a check for the	following amount:			
Ø\$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certificate of Status & Certified Copy
	iling Address: gistration Se	ction	Street Addres Registration		
	vision of Co		Division of		15
P.0	D. Box 6327		The Centre	of Tallahass	see
I a	llahassee, FL	, 32314	2415 N. Mo	onroe Street.	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KFrost, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our records.</mark> Liability Company))
The Articles of Organization for this Limited Liability Company lorida document number L20000274640	were filed on 9/2/2020	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company bere:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L1.C"	or the abbreviaries "L.L.C."
nter new principal offices address, if applicable:		5-11
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		دن :
• • • • • • • • • • • • • • • • • • • •		
Aailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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	Kristine Frost	1885 Shore Dr S Apt 222 South Pasadena, FL 33707	_ ≣ Add
			_ □Remove
			_ Change
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			_ Exemove
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n effective date is listed to the control of the co	er than the date of the date must be specified in this block does ate on the Departmen	ic and cannot be price not meet the apple	or to date of fil icable statute	ing or more than 90	days after tiling.)	Pursuant to 605,020° will not be listed as
ecord specifies a dela is filed.	yed effective date, bu	it not an effective	time, at 12:0	l a.m. on the ear	rlier of: (b) The	e 90th day after the
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ted						
ted	Ku Signature	of a member or aut	Morized repres	entative of a memi	ber	

*****, . . .

Filing Fee: \$25.00