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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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C. BRUMBLEY
MAR - 8 2022

COVER LETTER

	Registration So Division of Co			
SUBJECT		DE SLR, LLC		
· · · · · · · · · · · · · · · · · · ·	· ·	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Stephanic Reyes		
			Name of Person	
		BONA FIDE SLR, LLC		
			Firm/Company	
		950 SW 57TH AVE., APT	ľ. 428	RECEIVED
			Address	
		WEST MIAMI, FL 33144		2022 MAR -7 PM 12: 15
		srcycs824@hotmail.com	City/State and Zip Code	2022 MAR -7 PM 12: 15 SECRETARY SEE, FL
For further	information co	E-mail address: (oncerning this matter, please c	to be used for future annual report no	otification)
Stephanie I		sites mater, prease c	561 412-6290	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ro Di P.0	ailing Address egistration S vision of Co O. Box 6327 Illahassee, F	ection orporations	Street Address: Registration S Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONA FIDE SLR, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on 05/25/2021	and assigned
lorida document number 1.21000244439	<u> </u>	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
Frontline Venture, LLC		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	<u>~_</u>
		922
		0022 HAR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		सुं इं
		11144
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		00
 If amending the registered agent and/or registere agent and/or the new registered office address here: 	d office address on our records, <u>enter th</u>	e name of the new regist
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>	Name	Address	Type of Action
		<u>. </u>	□Add
			Remove
			Change
			Change
			□Add
			□Remove
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fective date, if other than the in effective date is listed, the date must be the listed in this blue the date inserted in this blue the listed in the Discussion of the Discu	t be specific and cannot be pri ock does not meet the appl	icable statutory filing	(optional) e than 90 days after filing.) requirements, this date w	Pursuant to 605.020 vill not be listed a
record specifies a delayed The 90th day after the rec	d effective date, but r ord is filed.	not an effective tir	ne, at 12:01 a.m. o	n the earlier
January 21	2022			
	·			