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(Requestor's Name)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
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EXAMINER



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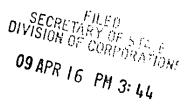
COVER LETTER

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TO:

TO:	Registration Se Division of Cor				
SURJ	ECT:	Frozen Gu	y Downtown, LLC	+	
			ited Liability Company)		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ondence concerning this matter	to the following:		
Migu			iguel A. Maspons, Esq.		
			(Name of Person)		
Abadin Cook					
(Firm/Company)					
9155 South Dadeland Boulevard, Suite 1208					
			(Address)		
			Miami, FL 33156		
			(City/State and Zip Code)		
For fu	rther information c	oncerning this matter, please co	all:		
	Vanessa I	M. Fortun	at (305 ₎ 670-4777 x224	1	
	(Name	of Person)	(Area Code & Daytime		
Enclo	sed is a check for the	he following amount:			
☑ \$2	5.00 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)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Froz (<u>Name of the Limited Liabilit</u> (A Florida	en Guy Downtown, LLC ty Company as it now appears Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number L08000078309	Company were filed on	8/14/08 and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin	nited liability company here	;	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compan	y," the designation "LLC" or the abbreviat	ion
Enter new principal offices address, if applicable:		-	
(Principal office address MUST BE A STREET ADD	RESS)		_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ur records, enter the name of the n	- <u>ew</u>
Name of New Registered Agent:			_
New Registered Office Address:	(Eni	ter Florida street address)	_
<u></u>		, Florida	_
	(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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Ansun Capital, LLC	13042 Coastal Circle	Add
•		Palm Beach Gardens, FL 33410	Remove
•			
<u> </u>	<u> </u>		Add .
			Remove
	•		- L. A. 170-
			Add Remove
	•	,	
MGR.	Alex Leonard	13042 Coastal Circle	Add Add
		Palm Beach Gardens, FL 33410	Remove
	•	· ·	
			Add ☐ Remove
. ,			
			F□ Add
			Remove
			·
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	sary.)
			
_	N	000)	
Dated	March 27 ,,	009	
	Signature of a mem	ber or authorized representative of a member	
	T	Matt Bickel ned or printed name of signee	
•	Тур	ien of hituren name of signee	

Page 2 of 2

Filing Fee: \$25.00