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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
	Johnston Road, 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:			
	Austin Sigety				
		Name of Person			
	16125 Old Johnston Road, LLC				
Firm/Company					
	3225 S. Macdill Ave.				
	Address				
	Tampa, FL 33629 #129-23	36			
		City/State and Zip Code			
	billing@frogmorefresh.com				
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
Austin Sigety		813 416-0526 at ()			
Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for t	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)		
Mailing Address Registration of Control Division of Control Division 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee c Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16125 Old Johnston Road, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11-9-2018	and assigned
Florida document number L18000263630		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SEC
Principal office address MUST BE A STREET ADDRESS)		ALL.
		G IS PH L TARY OF S AHASSEE
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		FL 09
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	<u>Address</u>	Type of Action
Secretary	Shannon Miltner	3225 S. Macdill Ave	Add
		Tampa, FL 33629	□Remove
			□Change
			□Remove
			□Change
	<u></u>		□Add
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Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to da block does not meet the applicable	te of filing or more than 90 days afte	onal) r filing.) Pursuant to 605.0207 (3) is date will not be listed as the
the record specifies a delayed effectord is filed.	tive date, but not an effective time, a	at 12:01 a.m. on the earlier of: (o) The 90th day after the
Dated July 21st	, 2022		
	Signature of a member or authorized	I representative of a member	
Austin Sigety			
	Typed or printed nar	me of signee	