

L21000228442
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000104813 3))



H240001048133ABCX

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : VANJOPI SOLUTIONS INC
Account Number : I20220000179
Phone : (201)658-4981
Fax Number : (407)289-8988

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2024 MAR 19 PH 3:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FRABY ACADEMY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEPARTMENT OF STATE

2024 MAR 19 PH 3:07

FILED

COVER LETTER

" H240001048133 "

TO: Registration Section
Division of Corporations

SUBJECT: FRABY ACADEMY 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:

ARLEY AVILA
Name of Person
FRABY ACADEMY LLC
Firm/Company
14118 ISLAMORADA DR
Address
ORLANDO, FL 32837
City/State and Zip Code
INFO@BSAFLORIDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARLEY AVILA at (407) 8104060
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000104 8133¹¹

FRABY ACADEMY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/17/2021 and assigned
Florida document number L21000228442.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8810 COMMODITY CIR

(Principal office address MUST BE A STREET ADDRESS)

SUITE 16

ORLANDO, FL 32819

Enter new mailing address, if applicable:

8810 COMMODITY CIR

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 16

ORLANDO, FL 32819

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

City

Zip Code

FILED
2024 APR 19 PM 3:07
STATE OF FLORIDA

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:

" H240001048133 "

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL FERNANDEZ	8810 COMMODITY CIR SUITE 16	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NIDIA C LOPEZ SILVA	8810 COMMODITY CIR SUITE 16	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

" H 240001048133 "

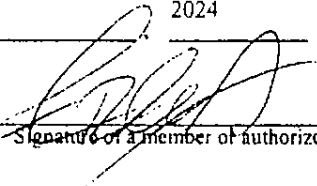
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADDING TWO NEW OFFICER AND CHANGING LEGAL ADDRESS.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03/19 _____ 2024



Signature of a member or authorized representative of a member

ARLEY AVILA

Typed or printed name of signee