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	•	COVER LETTER	5°).
TQ: Registration Sect Division of Corpo			
SUBJECT:	Fronker Name of Lim	Trues ment	3 LC
The enclosed Articles of Articles	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Frontier	Name of Person  Thuest ment	B_LLC.
		OE 144H 81  Address  Smi FL.3317	
		City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	
For further information con	cerning this matter, please ca	all:	
Fares Char	erson	at ( <u>305</u> ) <u>392</u> Area Code Dayt	ime 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:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compan (A Florida Limited Li	Investment LLC v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>Lo 40003862</u> 4	were filed on $5/21/2004$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Αυ -
B. If amending the registered agent and/or registered off	
registered agent and/or the new registered office address here	F SI T
Name of New Registered Agent:	RIDA 7
New Registered Office Address:	Enter Florida street address
	, 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 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 Title Address **Type of Action** Name Global Advising, LLC 13801 NE 3rd Court □ Remove North Miami FL. 33161 □ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change HASSEE. FLORE ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00