

(((H230001653213)))



H230001653213ARCX

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MCLIN & BURNSED P.A.

Account Number : 104657003604 Phone : (352)753-4690 Fax Number : (352)751-4993

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

Email Address: Carlie & Mclinburnsed.com -

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FROSS & FROSS FINANCIAL, LLC

Certificate of Status	0
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COVER LETTER

TO: Reg	distration So liston of Cou	cetion rporations			
SUBJECT:	Fross & Fr	oss Financial, LLC			•
SUBJECT;		Name of Li	mited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return	all correspo	indence concerning this made	er to the following:		
		Jeffrey P. Skates			
			Neme of Purson		
		McLir, Burnsed			
			Firm/Company		
		1028 Lake Sumter Landin	ng		
			Address		
		The Villages, FL 32162			
		jskatos@melinburnsed.con	City/State and Zip Code		
			(to be used for flittire annual r	TOOC notification	
or further info	ormation co	neerning this matter, please o		, , , , , , , , , , , , , , , , , , ,	
offrey P. Ska	tes		352 259	I-5011	
	Name of	Person	nt (Daytime Teleph	ane Number
				Dayima (cicy)	Olie (Antilipe)
nclosed is a e	heck for the	: following amount:			
≡ \$ 25,00 Fjji	ing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enable		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is onclosed)
<u>Mallin</u> Regis	g Address:	vetion	Street Add		
Registration Section Division of Corporations			tion Section		
	Box 6327	cporacinis		of Corporatio	
	nassec, FL	32314		irc of Tallabas	
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2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fross & Fross Financial, 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 June 5, 2007		and assigned	
Florida document number L07000059121	·	wing assisting	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
FFF Residuai, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	c abbrevio	lion "L. C."	
Enter new principal offices address, if applicable:			
Principal office address MUST RE A STREET ADDRESS			
The state of the s			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	_		
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. If amending the registered agent and/or registered office address on our records, enter the na	mine of n		
i. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:	ame of th	723	
ged; midro-tite new registered ornee address nere:			
Name of New Registered Agent: Name of New Registered Agent:			
Name of New Registered Agent:		123	
If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	·	128 F v - 1	
Name of New Registered Agent: New Registered Office Address:	·	128 F v - 1	

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	<u>Name</u>	Address	Type of Action
			□Add
			!IRemove
·			Change
			DAdd
			□Rcmove
			□ Change
			□Add
			□Remaye
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Effecti	re date, if other than the date of filing:
fan effe Voier 1	ative 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.
locume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a left filing.) Pursuant to 605,0207 at a feetive date on the Department of State's records.
record	Specifies a delayed effective date, but not an effective to a specifies a delayed effective date.
d is file	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 d.
ated _	Iny 02. 2023
	Signature of a member or authorized representative of a member

Typed or printed name of signee