# L07000119233

(Re	questor's Name)	
• (Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECULATION STATE

## **COVER LETTER**

TO: Registration Section Division of Corpor	on ations		
SUBJECT: Fron	ner Interner Name of Lim	akonal LLC ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Fare:	8 Chandour Name of Person	
	Frontier	International L	LC
	1852 10	E 144H St Address	
	North 1	Miami FC. 35 City/State and Zip Code	<u> </u>
	Jamie Camb	halawan@gapard	is net
For further information conce	erning this matter, please ca	all:	
Fares Ghand Name of Per	<del>dour</del>	at ( <u>305)</u> <u>392-19</u> Area Code Daytime T	Felephone Number
Enclosed is a check for the fo	ollowing 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Frontier Interna	bond uc	
(Name of the Limited Liability (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number 10001923		II 29 2007 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		\$ 23 at 1
		m 2 11
(Mailing address MAY BE A POST OFFICE BOX)		المراجعة مسد (ت) سب
B. If amending the registered agent and/or regis		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the nev
registered agent and/or the new registered office and	tess here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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 = MAMBR = A	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Infinity Rea	1 Estate,	1852 NE 144H St W. Miami, FL. 33166	□ Add
		rrc	W. Miami, FL 33166	Remove
			-	Change
<u>NGR</u>	Infiniti Real	<u>Estate</u>	1352 NE 144H St N.Miami, FL. 33181	Add
		LIC	N.Miami, FL. 33181	□ Remove
				Change
		<del></del>		Add
				Remove
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effective t <u>e:</u> If the	ate, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	nal) iling.) Pursuant to 605.02 date will not be listed a
effective te: If the ument's	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	date will not be listed a
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