# 110000050983

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S. PRATHE:

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Frag Brothers LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Cheryl Corrente  Name of Person  The Frag Brothers LLC  Firm/Company  4941 Kylamote Ct.  Address  Palm Harbor, FL 34685  City/State and Zip Code  CCORRENTE @ Aol. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Cheryl Correcte at (727) (39-7517  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  Certificate of Status  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

The Frog Br (Name of the Limited Liabili	others LLC ity Company as it now appears on our records.)	723
	t /	SSES R
The Articles of Organization for this Limited Liability C	Company were filed on $05/12/20$	lD and assigned
Florida document number <u>L 100000 50983</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Studio J C. U.C.		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	d the following:  I name of the limited liability company here:  That in the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  If applicable:  A STREET ADDRESS)  Table:  DFFICE BOX  The provided address on our records, enter the name of the new stered office address here:  The provided street address  Enter Florida street address  Florida	
		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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Remove
			Change
		<del></del>	Remove
			□ Remove
			Change
			Change
			Add
<del></del>			□ Remove
			□ Change

Effective date, if other than the date of filing:	If amending any other information	n, enter change(s	s) here: <i>(Attac</i>	h additional shee	ts, if necessary	<i>i.)</i>	
(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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.			<u> </u>				
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Dated Oct. 12 . 2018			ut not an effo	ective time, at	12:01 a.m.	on the earlie	er of:
and the second of the second o	Dated <u>Oct</u> . 12	. 201	18	- <u>()</u>	9-	2018 OC	روع
Signature of a member or authorized representative of a member		mature of a member of	or aithorized repre	esentative of a memb	<del>ver</del>	\$ \frac{1}{2} \fra	2300 23000 0
Joel Corrente	•		Marr	atria		SEE'S SEE'S	

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Filing Fee: \$25.00