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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
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COVER LETTER

TO:	Div	gistration Se vision of Cor		•	
CTIE	,s NECT.	Fronk and C	Co LLC		
SUE	SJECT:		Name of Lin	ited Liability Company	and the state of t
The	enclose	d Articles of	Amendment and fee(s) are sub	emitted for filing.	
Plea	se returi	1 all correspo	ndence concerning this matter	to the following:	
			Michael Fronk		
				Name of Person	
			Fronk & Co.		
				Firm/Company	
			148 Oak View Cir		
			·	Address	
			Lake Mary, FL 32746		
			Name of Limited Liability Company Imendment and fee(s) are submitted for filing. Implication Implic		
			E-mail address: (to be used for future annual report notifi	ication)
For	further i	nformation c	oncerning this matter, please c	all:	
Mic	hael Fro	nk		. — — — —	
		Name o	f Person	Area Code Daytime	Telephone Number
Encl	losed is	a check for th	ne following amount:		
	\$25.00 I	Filing Fee	_	Certified Copy	Certificate of Status &

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

Fronk and Co LLC				
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 07/21/2010 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."			
Enter new principal offices address, if applicable:	1540 International Pkwy			
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL 32746			
		_		
Enter new mailing address, if applicable:	2301 River Tree Cir			
(Mailing address MAY BE A POST OFFICE BOX)	Sanford, FL 32771			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		new		
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or if this document			

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 $AMBR = A$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
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ive date, if other than the offective date is listed, the date must. If the date inserted in this bloment's effective date on the Department.	be specific and cannot be p ck does not meet the ap	orior to date of filing or plicable statutory fil	more than 90 days	optional after filing this date	g.) Pursuar	nt to 605 be liste
cord specifies a delayed 90th day after the reco		not an effective	e time, at 12:	01 a.m.	on the	earlie
October 13	2015					
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ח ינא						46 43 12 12 12 12 12 12 12 12 12 12 12 12 12
Kal				- [1.1] - [1.1]	000	· ·
Kal	Signature of a member or a	uthorized representati	ve of a member	<u> </u>	907 1.6	7

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Filing Fee: \$25.00