## 110000103953

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**EXAMINER** 

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SEONETARY OF STATE



.

## **COVER LETTER**

• Division of			
SUBJECT:	Christian F	Frost Holdings, LLC	
		nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	shmitted for filing	
	espondence concerning this matter		
		Francena Gargaro  Name of Person	
		Diamed Caribbean	
		Firm/Company	<del></del>
	6095	NW 167th Street, Suite D7	SEGN I
		Address	CT AND THE PROPERTY OF THE PRO
	<u>-</u>	lialeah, FL 33015-4357	2010 OCT 12 PM E: 2 SEGRETARY OF STATE PALL AHASSEE FLORIE
	di	City/State and Zip Code	
	E-mail address:	amedfranci@gmail.com (to be used for future annual report notification)	——————————————————————————————————————
For further information	on concerning this matter, please	call:	- ما
	ancena Gargaro	at ( <u>305)</u> 558-4	
Nan	ne of Person	Area Code & Daytime Teleph	ione Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	sitLING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Christian Frost Holdings, LLC  (Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company were filed on	10/5/10	and assigned	
Florida document numberL10000103953			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and end with the words "Limited Liability Company," "L.L.C."	the designation LLC	" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>	S m	
(Principal office address MUST BE A STREET ADDRESS)	AR SS	2 -	
and the second s	E.FLOR	3 0	
Enter new mailing address, if applicable:		100	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the	name of the new	
Name of New Registered Agent:			
New Registered Office Address:  Enter I	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

'MGRM = Managing Member **Title** Address **Type of Action** <u>Name</u> MGR Martin Engelmann 1805 Bella Lago Lane Tampa, FL 33618 ☐ Add
☑ Remove Francena Gargaro 6095 NW 167th Street, Suite D7 MGR Hialeah, FL 33015-4357 ☐ Remove ☐ Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 6 Dated authorized representative of a member Signature of a member Francena Gargaro Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00