L12000086579

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

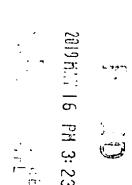
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R. WHITE MAY 1 6 2019



COVER LETTER

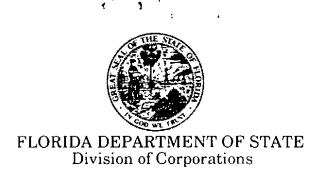
TO: Registration Section Division of Corporations
SUBJECT: The Frage Law Firm Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scheven Fraga
the Fraga Law Firm
7260 SW 8th Street
Address
Migmi, FC 33144 City/State and Zip Code
City/State and Zip Code SFrage 1 @ hotmail. (am 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:
Schern Frago 11,786, 556-4805
Name of Person O Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \$30,00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60,00 Filing Fee, \$\Bigcup \$10,00 Certificate of Status & \$\Bigcup \$10,00 Certif

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



May 6, 2019

SCHEVUN FRAGA 7260 SW 8TH ST MIAMI, FL 33144

SUBJECT: THE FRAGA LAW FIRM, LLC

Ref. Number: L12000086579

We have received your document for THE FRAGA LAW FIRM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00009070

Rebekah White Regulatory Specialist III

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Oi			
The France	((((((((((((((((((((Firm,	1.10	2019 MAY 16 PM 3: 23
(Name of the Limited Lia (A Flo	chility Company as orida Limited Liabili	it now appears on ou ty Company)	ir records.)	TALL STATE
The Articles of Organization for this Limited Liability Florida document number L12000865	y Company were	: filed on $\frac{7}{}$	2/12	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the The Fraga. The new name must be distinguishable and contain the words "			LLC ion "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET AD	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
				
B. If amending the registered agent and/or registered agent and/or the new registered office a		address on our	records, <u>en</u>	ter the name of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stre	ret address	
		Govern an and State	, Florida	
		City	, F10F1G3	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 =	Manager	
AMBR =	Authorized N	1ember

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			
			□ Remove
			☐ Change
			☐ Remove
			□ Change
			□ Add
			□ Remove
			□ Change

سا	aw Office, Practicing law
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<u>ote:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
ated	April 19 2019
	Signature of a member or authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00