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COVER LETTER

Division of Corporations				
SUBJECT: Frish Anden LC 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:				
Portia Patrick				
Name of Person				
Frish Aroon LLC				
Firm/Company				
80 Standish Dr. Address				
Address				
Ormand Beach FC 32176				
DOHDATIO amail: Com				
/ E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Portia Patrick at 386, 589-9453				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter_the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

or removed from our records:

MGR = Manager AMBR = Authorized Member Title **Type of Action** □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add

☐ Remove

☐ Change

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Effectiv	e date, if other than the date of filing:	(optional)
(If an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more that	in 90 days after filing.) Pursuant to 605.0207 (3)(b
docume	f the date inserted in this block does not meet the applicable statutory filing request's effective date on the Department of State's records.	interneties, this date will not be listed as the
the rec	ord 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.	
Dated_	DIC. 12ª . 2015.	
· <u>-</u>	Antra Intrick	
	Signature of a member or authorized representative of a m	ember
	Dortia Dortrick	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00