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	(Requestor's Name)	
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AUG 1 9 2013 T. PAMPTON

COVER LETTER

TO:	Registration Section Division of Corpo			1 P	an . S	
SUBJE	СТ:	Frozen Asse				
		Name of Limit	ed Liability Compa	ny		
The enc	losed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspond	lence concerning this matter t	to the following:			
		Christy	Sande Name of Person	?rson		
		Frozen	ASSets Firm/Company	LLC		
		283 C	aravelle Address	Dr		
		Jupiter Christy, S	City/State and Zip C	33458		
		Christy, S E-mail address: (to	o be used for future a	ast, net	ation)	
\wedge \wedge	\cap	derson		222 - 89 Code & Daytime	# 8 3 Telephone Number	
Enclose	d is a check for the	following amount:				
\$25.	00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Certified Co (additional c		□\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	itus &

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

trozen As	isets LLC	
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our rec rida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabili Florida document number \(\begin{align*} \L \ /3000016 233 \end{align*}	ity Company were filed on January	2013 and assigned
Florida document number	·	0
This amendment is submitted to amend the following		SECRETAL JUSTON OF
A. If amending name, enter the new name of the	e limited liability company here:	の 発信
		고 경우
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	Q	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	p , pt +1	
	Enter Florida s	ireet aaaress
_	· · · · · · · · · · · · · · · · · · ·	orida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
m <u>gr</u> m	Erik Sanderson	283 Caravelle Dr.	Add
		283 Caravelle Dr. Jupiter, FL 33458	Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			Add Add Sec Remoye
			0 335
			PH 12: 04
			Remove
		<u></u>	
			Add
			Remove
			Add
			Remove

D. If _' am	ending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			
	-		
Dated	July	26 , 2013	
	1		
		Signature of a thember or authorized representative of a member	
		Christy Sanderson	
		Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SKING