

U4000114005

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SECRETARY OF STATE
HARRISBURG, PA 17104

APR 14 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frogger, LLC

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:

Jeff Brooks

Name of Person

CONUS Technical Solutions LLC

Firm/Company

11125 Park Blvd

Address

Suite 104-132

City/State and Zip Code

jd@conustech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Brooks

954
at ()

540-1974

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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Frogger, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	SAME - CHANGE	SAME - CHANGE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TOLSON
FBI

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

SAME - CHANGE

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 18, 2015

Jeff Brooks

Signature of a member or authorized representative of a member

Jeff Brooks

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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