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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PASAN INVESTMENT, INC.

Account Number : I20050000174

Phone Fax Number : (813)849-2878 : (813)849-6019

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email	Address:	!				



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRIGA, LLC

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D. SCOTT DEC 6 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRIGA, LLC						
(Name of the Lim	(A Florida Limited	ny as it now annears on our records.) Liability Company)				
The Articles of Organization for this Limited L Florida document number L14000119240	Liability Company	were filed on <u>07/29/2014</u>	and assigned			
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	tity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if appli-	cable:	N/A				
(Principal office address MUST BE A STRE		N/A				
177,000		N/A				
Enter new mailing address, if applicable:		N/A	•			
(Mailing address MAY BE A POST OFFICE	BOX)	N/A				
		N/A				
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of	ffice address on our records, <u>ente</u>	erretignate of the new			
Name of New Registered Agent:	N/A		SSS - S			
New Registered Office Address:	N/A		mg . O			
	N/A	Enter Florida street address , Florida City	ON O			
		y	: y			

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAIME ALEGRETT	12059 NW 82ND ST	
		PARKLAND, FL 33076	□ Remove
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ument's effective date	on the Depart	ment of State's r	ecords.		·	TO'S
record specifies a he 90th day after	delayed eff	ective date, b	out not an effe	ctive time, at	12:01 a.m	i. on the earlier
he 90th day after	the record	is filed.				-
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	Sign	ature of a member	or authorized repre	sentative of a mem	ber	
/	UDENFELD					

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