Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will	generate another cover sheet.	5	
To:				
	Division of Co	rporations	,'~	
	Fax Number	: (850)617-6383	Ö	
From:			PH	
	Account Name	: TAVARES LAW PA	ب.	
	Account Number	: I20150000095	_	
	Phone	: (407)901-7556	<u></u> 9	
	Fax Number	: (407)901-7558		

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

Email	Address: Danel	(d)	Trobys, con)
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FROBYS LLC

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S. YOUNG

From: Luciane Tavares

Fax: (407) 901-7556

Fax: +1 (850) 6176383

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TO ARTICLES OF ORGANIZATION OF

To:

FROBYS LLC	
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L15000164354	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF FLOOR ALLEANASSE FLOOR PH 2:
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
**************************************	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 und 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

Page 1 of 3

From: Luciane Tavares Fax: (407) 901-7566

To:

Fav: +1 (850) 6176383

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MGR = Manager AMBR = Authorized Member

or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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	Fax: (407) 901-7556	To:	Fax: +1 (860) 6176383	Page 4 of 4 07/25/20	00 PM 00 PM
					
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Filing Fee: \$25.00