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COVER LETTER*

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Divi	sion of Corpo	rations		
SUBJECT:	JL Frost Cons	sulting LLC		
		Name of Limit	ed Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are subm	litted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		Jeremiah Frost		
			Name of Person	
	•	JL Frost Consulting LLC		
			Firm/Company	
			rinivCompany	
		3875 Shaftbury PI		
			Address	
		Oviedo, FL 32765		
			City/State and Zip Code	
		jlfrostconsulting@gmail.com		
		E-mail address: (to	be used for future annual report	notification)
For further in	formation con	cerning this matter, please cal	1:	
Jeremiah Fro	est		251 259-1028 at ()	
	Name of P	erson	Area Code Day	time Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JL Frost Consulting LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our rec I Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan Florida document number 81-0860992	y were filed on 12/18/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "I	.LC" 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:		m s
(Mailing address MAY BE A POST OFFICE BOX)		
		0 F
		agri C
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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 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:

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partner at 49%			
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ctive date, if other than the	date of filing:	1.4.661	(optional)
effective date is listed, the date muse: If the date inserted in this bloom	ock does not meet the applicat	ole statutory filing requirem	ents, this date will not be li
ment's effective date on the Do	epartment of State's records.		
ecord specifies a delayed	d effective date, but not	an effective time, at :	12:01 a.m. on the ear
ne 90th day after the rec		·	
, January, 10	2016		
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Typed or printed name of signee

Filing Fee: \$25.00