L16000150518

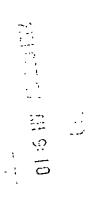
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COVER LETTER

TO: Registration S Division of Co	ection rporations		
FROST AS	SSETS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The small and Amid 1			
	Amendment and fee(s) are sub	•	
Please return all correspondence	ondence concerning this matter	to the following:	
	JULIE B. FROST		
		Name of Person	
	FROST ASSETS, LLC		
		Firm/Company	
	12151 MUSKET LANE		
		Address	
	FORT MYERS, FL 33912		
		City/State and Zip Code	
	Julie@arefl.com	(to be used for future annual report notification)	
For further information c	concerning this matter, please c	•	
JULIE B. FROST	2	239 994-1859	
Name of Person		at () Area Code Daytime Telephone Number	_
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing F Certified Copy (additional copy is enclosed)	Status &
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FROST ASSETS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ^{08/11/2016} ___ and assigned Florida document number L16000150518 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing 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>	Name	Address	Type of Action
AMBR	Eddy D Frost or Julie B. Frost CO-FTEE'S of the Eddie D. Frost Trust upoto ox 20/08	12151 MUSKET LANE	🗀 Add
		FORT MYERS, FL 33912	□Remove
	- a - co as Saldia D Frost		=Change
AMBR	Time 8 most or Eddy D most contrees of the Julie B. Frost Must windo as zajos	12151 MUSKET LANE	
		FORT MYERS, FL 33912	□Remove
			■ Change
			□Add
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an eff lote:	ve date, if other than the date of filing:
recor Lis fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	October 15 . 2021. Alle B. Jast Signature of a member or authorized representative of a member
	(fille & Grost
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00