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COVER LETTER

'TO: / Registration Section **Division of Corporations** FROST VENTURES, LLC SUBJECT: 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: Julie B. Frost Name of Person FROST VENTURES, LLC Firm/Company 12151 Musket Lane Address Fort Myers, Florida 33912 City/State and Zip Code julic@arefl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julie B. Frost Name of Person 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 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 VENTURES, LLC

(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on mited Liability Company)	our records.)
he Articles of Organization for this Limited Liability Comlorida document number 1.16000150521	npany were filed on $\frac{08/11/2}{2}$	2016 22 and assigned 22 8:
his amendment is submitted to amend the following:		E CONTRACTOR OF THE PROPERTY O
. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Tuning address SIAT BE ATOST OFFICE BOX		
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our recor	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
ew Registered Agent's Signature, if changing Registered A	City	Zip Code
hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and compacted the obligations of my position as registered agencing filed to merely reflect a change in the registered open pany has been notified in writing of this change.	I agree to act in this cape plete performance of my et as provided for in Char	duties, and I am familiar with and

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>	Name	Address	Type of Action
AMBR	Eddy D Frost and Tolle B. Foot co-trees of the Eddie D. Frost Trust Upto 03/20/08	12151 Musket Lane	□Add
		Fort Myers, Florida 33912	□Remove
			■ Change
AMBR	Julie B Frost and Eddy D. Frest Co. Tee's OF-the Julie B Frost Thist Upalo Ostrolog	12151 Musket Lane	□Add
		Fort Myers, Florida 33912	□Remove
			= Change
			□Remove
			Change
			□Add
			□Remove
		Change	
			□Change
			□Add
			□Remove

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lf an e Note:	tive date, if other than the date of filing:
e reco	rd 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 iled.
Dated	7/14.20.
	Aule B. Fresh. /Signature of a member or authorized representative of a member.
	Julie B. Frost, Co-TTEE of the Julie B. Frost Trust u/a/d 08/20/2002

Filing Fee: \$25.00