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## **COVER LETTER**

TO: Registration Sect Division of Corp				
SUBJECT: Froz	centine Enter	Stainment LLC ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	Dav	Name of Person		
	Froza	enline Entertainment	of UC	
	10465 SW	130th Ct Address		SECRETAL ALL ALLANA.
	Miami, 1	FL 33186 City/State and Zip Code		APR 10 PN 3:
	david. Candale E-mail address: (1	576 gmail. com o be used for future annual report notific	cation)	S. D. D. R. C.
For further information cor	ncerning this matter, please ca	11:		
David C	Candales Person	at (305) Area Code Daytime	- (108 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 Stat Certified Copy	

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ainment U.C
(Name of the Limited Liabili	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability (	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SÉG.
(Principal office address MUST BE A STREET ADD	(ESS)
	P C C
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
<u></u>	, 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:

MGR = M $AMBR = A$	Ianager Luthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	David Candales	10469 sw 130thct	🗹 Add
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Filing Fee: \$25.00