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: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108

Fax Number : (305)381-8109

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

Email Address: CC@ABOGADOMIAMI.COM

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH FRONTIER HOLDINGS LLC

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JUL 1 9 2023

TO: Registration Division of C	Section Corporations	·	
NORTH SUBJECT:	FRONTIER HOLDINGS LLC		
SUBSECT.	Name of Lim	iited Liability Company	
	of Amendment and fee(s) are subspondence concerning this matter	~	
	Cindy E. Calderon		
		Name of Person	
	Geoffrey M. Wayne, P.A.		of Person  Company  dress  and Zip Code  future annual report notification)
	•	Firm/Company	
	135 San Lorenzo Ave., PH	I 840	
		Address	
	Coral Gables, FL 33146		
		City/State and Zip Code	
	cc@abogadomiami.com		
	E-mail address: (	to be used for future annual re	port notification)
For further informatio	n concerning this matter, please c	all:	
Cindy E. Calderon			8108
Nam	e of Person	at () Area Code	Dayume Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Add	ress:	Street Add	tress:

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 4 of 6

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH FRONTIER HOLDINGS	LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	P)
The Articles of Organization for this Limited Li	ability Company	was filed on 02/01/2017	and assigned
Florida document number L17000024827	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica		135 San Lorenzo Ave., PH 840	07
Principal office address MUST BE A STREE	T ADDRESS)	Coral Gables, FL 33146	-
		<del></del>	<b>ශ</b>
			-7
Enter new mailing address, if applicable:		135 San Lorenzo Ave., PH 840	J.
Mailing address MAY BE A POST OFFICE )	BOX)	Coral Gables, FL 33146	<u> </u>
	<u> </u>	·	
	naistered office	address on our records enter:	al Bal
3. If amending the registered agent and/or registered office address  Name of New Registered Agent:	s here:	CORPORATE SERVICES LLC	the name of the new reps
gent and/or the new registered office addres  Name of New Registered Agent:	s here:  EXCELSIOR (		the name of the new regis
gent and/or the new registered office addres	s here:  EXCELSIOR (	CORPORATE SERVICES LLC	
Name of New Registered Agent:	s here:  EXCELSIOR (	CORPORATE SERVICES LLC  zo Ave., PH 840  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.

— Docu Signed by:	
Geoffrey M. Wayne	
	_
If Changing Registered Agent, Signature of New Registered Agent	

7/18/2023 8:50:40 AM PST (GMT-8) FROM: 3053818109-TO: 18506176383 Page: 5 of 6
DocuSign Ervelope ID: D32FD33C-9688-4EA3-8A4D-F754F010F289
Li amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager		
AMBR =	Authorized	Mem	be

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□ Change
			□Add
			☐ Change
			□ Add
			□Remove
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	date of filing: (optional)	
ffective date, if other than the d	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.0207
ffective date, if other than the d an effective date is listed, the date must		
<u>lote:</u> If the date inserted in this bloc	ock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	Haren as
lote: If the date inserted in this bloc	sek does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	HPICC 92
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