11700034866

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400310038214

03/13/18--01013--019 **25.00

18 MAR 13 FH 2: 33

MAR 1 4 2018

COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	New F	Frontier LLC	
30B0ECT.	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Angela Moore	
		Name of Person	
	,	Veil Corporate, LLC	
		Firm/Company	
	10421 Sou	uth Jordan Gateway Sui	ite 600
		Address	
	0.		
•	50	outh Jordan, UT 84095 City/State and Zip Code	
		renewals@veil.com	
	E-mail address: (to be used for future annual report	notification)
For further information	concerning this matter, please o	all:	
A	ngela Moore	at (877)	313-1043
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	LING ADDRESS: tration Section on of Corporations	Registration S Division of Co	orporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Frontier L	LC			
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears (Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were f	2/13/2017	and assigned		
Florida document numberL17000034866				
This amendment is submitted to amend the following:	1			
A. If amending name, enter the new name of the limited liability co	ompany her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limited Lia"L.L.C."	bility Compa	ny," the designation "	LLC" or the al	obreviation
Enter new principal offices address, if applicable:	; 			·
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
			<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) = \(\frac{1}{2}\)	3
B. If amending the registered agent and/or registered office as	ddress on c	our records, enter	the name o	f the nev
registered agent and/or the new registered office address here:		<u> </u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Eni	ter Florida street ad	aress	
City	,	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	:		Zip Code	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma $MGRM = N$	nager Managing Member)	
<u>Title</u>	Name	Address	Type of Action
MGR	Lisette Nicholas	583 Stallings Ave Deltona, FL 32738	☐ Add ☑ Remove
			Add Remove
			Add Remove
		<u> </u>	Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amer	nding any other information,	enter change(s) here: (Attach additional sl	neets, if necessary.)
			-· cò
			<u>်း</u> မ
	14	0040	11. P. C.
Dated	March 07	, 2018	AF.
	Signature	e of a member or authorized representative of a	member
		Spencer Weaver Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00