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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number: 120090000078 Phone : (561)801-7312

: (561)515-3904 Fax Number

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FRISBIE GROUP, LLC

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10/10/2017 10:30

Registration Section

TO:

## H17000266225 3

## **COVER LETTER**

| Div                 | ision of Corp   | porations                                       |   |  |
|---------------------|-----------------|---|---|--|
| SUBJECT:            | FRISBIE G       | ROUP, LLC                                       |   |  |
| ood de la           |                 | Name of Lim                                     | ited Liability Company  |  |
| The enclosed        | l Articles of A | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return       | all correspon   | ndence concerning this matter                   | to the following:   |  |
|                     |                 | Paul A. Krasker                                 |   |  |
|                     |                 | <del></del>                                     | Name of Person  |  |
|                     |                 | The Law Office of Paul A.                       | Krasker, P.A.   |  |
|                     |                 |   | Finn/Company  | <del></del>  |
|                     |                 | 1615 Forum Place, 5th Flo                       | or  |  |
|                     |                 |   | Address   | <del></del>  |
|                     |                 | West Palm Beach, FL 334                         | 01  |  |
|                     |                 |   | City/State and Zip Code   |  |
|                     |                 | E-mail address: (                               | to be used for future annual report notifi                          | cation)  |
| For further is      | formation co    | ncerning this matter, please or                 | all:  |  |
| Andrea Mur          | phy             |   | 561 515-4722  |  |
| Name of Person      |                 | at (  | Telephone Number  |  |
| Enclosed is a       | check for the   | e following amount:                             |   |  |
| <b>≌ \$2</b> 5.00 F | iling Fee       | ☐ \$30,00 Filing Fee &<br>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) |
|                     |                 | NG ADDRESS:                                     | STREET/COURIE   |  |

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

## 刊行 つつむ えしば る 2 5 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FRISBIE GROUP, LLC  |   |  |                      | 3 7                   |
|---|---|--|----------------------|-----------------------|
| (Name of the Limi   | ted Liability Compu<br>(A Florida Limited | any as li now appears on o<br>Liability Company) | ur records.)         | 重点                    |
| The Articles of Organization for this Limited L                                       | iability Company                          | were filed on <u>7/11/20</u>                     | 17                   | and assigned H lo. 09 |
| Florida document number L17000148348  | •   |  |                      | * 5                   |
| This amendment is submitted to amend the foll   | owing:                                    | ,631 i<br>101 i                                  |                      |                       |
| A. If amending name, enter the new name o   | f the limited ligh                        | oility company here:                             |                      | E.                    |
| NA  |   |  |                      |                       |
| The new name must be distinguishable and contain the v                                | vords "Limited Liabi                      | Lity Company," the designa                       | tion "LLC" or the ab | breviation "L.L.C."   |
| Enter new principal offices address, if applic  | able:                                     | NA   | ·                    |                       |
| (Principal office address MUST BE A STREE   | TADDRESS)                                 |  | ·                    |                       |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX) |   | NA   |                      |                       |
| B. If amending the registered agent and registered agent and/or the new registered o  |   | <u>e:</u>  | records, enter       | the name of the new   |
| New Post and Office 133   |   | +1<br>1  |                      |                       |
| New Registered Office Address:  | <del></del>                               | Enter Florida str                                | eet address          |                       |
|   | . Florida                                 |  |                      |                       |
|   |   | City   |                      | Ztp 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

Page 1 of 3

□ Remove

\_□ Change

MGR = Manager

Hamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | <u>Name</u>         | Address                                 | Type of Action        |
|--------------|---------------------|---|-----------------------|
| MGR          | ROBERT FRISBIE, JR. | 219 INDIAN ROAD                         |                       |
|              |                     | PALM BEACH, FL 33480                    | □ Remove              |
|              |                     |   | ☐ Change              |
|              |                     |   | □ Add                 |
|              |                     |   | Remove  O Add  Remove |
|              |                     |   |                       |
|              |                     |   | Remove                |
|              |                     |   | □ Add                 |
|              |                     |   | □ Remove              |
|              |                     |   | □ Change              |
|              |                     |   | Add                   |
|              |                     | *************************************** | □ Remove              |
|              |                     |   | □ Change              |
|              |                     |   | □ Add                 |

P.005/005 10/10/2017 10:31 4170002462253 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ONLY AMENDING TO CORRECT ROBERT FRISBIE IR. E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated October 10th 2017

Page 3 of 3

Filing Fee: \$25.00

signature of a member or authorized representative of a member

Typed or printed name of signee

ROBERT FRISBIE, JR.

H1700021102217