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## **COVER LETTER**

SUBJECT: Fred	ERICK AND SO	N ENLERPRIS	<u>.</u>
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Frederick	Name of Person  AND SON EN	ikins Se
	Frederick	Firm/Company	Lenprise
	3132 Eli	sood TRAil Address	
	TALLAhas	City/State and Zip Code	· <i>S</i>
	Frederick E-mail address:	City/State and Zip Code    & r k , r J f O g to be used for future annual report no fit	maillow
Day Gradian independence of	oncerning this matter, please c		2022 APR
For italier information ec	oncerning this matter, prease c	dil.	
		at ()	io it N
Name of	Person	at () Area Code Daytime	Telephone Number
			2: 3:
Enclosed is a check for th	e following amount:		高元 <b>3</b> 7
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Valdenoo		Servet Address of	

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

Registration Section Division of Corporations

TO:

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

Frederick AND E	DON ENTERPRISE	
Frederick AND COMP (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	11 - 70
The Articles of Organization for this Limited Liability Company Florida document number $L17000158715$ .	v were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	<u> </u>	
Frederick AND Son Em	terserse CC will the designation "LLC" or the abb	oreviátión "L.155"
Enter new principal offices address, if applicable:		AR PR
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	·	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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record specific	s a delayed effective da	ate, but not an c	effective time.	it 12:01 a.m. oi	the earlier of:	(b) The 90	)th day a	fter the
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Filing Fee: \$25.00