L17000 178586

| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of S | Status |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| | Registration Sec Division of Corp | | | · |
|-----------|--------------------------------------|--|---|--|
| eun irz | | operty Maintenance LLC | | |
| SUBJEC | T: | Name of Limi | ited Liability Company | |
| The enclo | osed Articles of A | Amendment and fee(s) are subr | mitted for filing. | |
| Please re | turn all correspor | ndence concerning this matter t | to the following: | |
| | | Amber Gordy | | |
| | | | Name of Person | |
| | | BullFrog Property Mainten | ance LLC | |
| | | | Firm/Company | |
| | | 1393 Leeward Ave | | |
| | | · | Address | |
| | | Spring Hill, FL 34606 | | |
| | | | City/State and Zip Code | |
| | | ambergordy216@gmail.con | | |
| | | E-mail address: (t | to be used for future annual report notifi | ication) |
| For furth | er information co | oncerning this matter, please ca | ill: | |
| Amber (| | | 727 495-3620 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| \$25.0 | 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 Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BullFrog Property Maintenance LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/21/2017}{1}$ _____ and assigned Florida document number L17000178586 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address City

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------------|----------------|
| MGR | Jim Jerome | 7834 Medusa Dr. Hudson, FL 3466 | ■ Add |
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| E ffec fan el | tive date, if other than the date of fifetive date is listed, the date must be specific | iling: | (opti ng or more than 90 days afte | . onal) r tiling.) Pursuant to 605.0 |
| Note: | If the date inserted in this block does nent's effective date on the Department | not meet the applicable statutor | ry filing requirements, thi | s date will not be listed |
| uocui | nent's effective date on the Department | of state's records. | | |
| ie re | cord specifies a delayed effectiv | ve date, but not an effec | tive time, at 12:01 | a.m. on the earlie |
| | e 90th day after the record is file | | · | |
| | \mathcal{O}_{c} | 2018 | | |
| Dated | May 4 | —· <u> </u> | _ | |
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| | Sionature | of a member or authorized represe | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00