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2021 APR -8 PK 4: 15

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COVER LETTER

		CO LIN EE I I			
TO: Registration Section Division of Corpor					
SUBJECT: Bu	11 Frog P	nited Liability Company	ainterian	<u>ce</u> llC	
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
	Am	Der Cor. Name of Person	dy	2021 NOR -8	
	13934	Firm/Company Lee Ward Address	Ave	PX F: 15	
_	Spring amber E-mail address:	City/State and Zip Cod GOT Jy 2 16 (to be used for future annual	34606 e 9 Mail.	Com	
For further information conce	erning this matter, please c	eall:			
Amber Name of Per		at (727)	495- 36 Daytime Telepho		
Enclosed is a check for the fo	ollowing amount:				
□ \$25.00 Filing Fee	X\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bull Frog Programme of the Elimited Liab (A Flor	Derty Dillity Company as in ida Limited Liability	Mainter on our re	ence LL	<u>C</u>
The Articles of Organization for this Limited Liability Florida document number <u>L 1700 1789</u>	Company were	filed on <u>8/21</u>	/2017 an	d assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li Bull Fog Tons Por The new name must be distinguishable and contain the words "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADd	+ LLC imited Liability Cor		LLC" or the abbreviation PK 4: 15	on L.C.
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office addres	ss on our records, <u>en</u>	iter the name of the	e new registered
Name of New Registered Agent:	<u></u>			
New Registered Office Address:		Enter Florida street ad	ldress	
	Ci	<u></u>	. Florida	ode
	•	•		

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>	Name	Address	Type of Action
			□Remove
			☐ Change
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			Remove
			Change
			□Add
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Effective date, if other the fan effective date is listed, the Note: If the date inserted in document's effective date of	e date must be spec in this block doe	rific and can is not meet	the applical	o date of filing on the statutory t	or more than 90 iling requirer	(option days after finents, this	ling.) Pur	suant to (not be l	605.0207 listed as
e record specifies a delayed d is filed.	l effective date, t	out not an e	effective tin	ne, at 12:01 a.	m. on the ear	ier of: (b)	The 90	th day a	fter the
Dated April	6		2021	_ •					
,		(m	/ /2	7					
	Signatu	re of a mem	ber or author	ized representa	tive of a memb	er			