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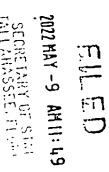
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## **COVER LETTER**

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SUBIECT.				• •	
SUBJECT:			ited Liability Company		
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Christopher Molina			
			Name of Person		<del></del>
		Frozen Assets -Davie LLC			
	BJECT:  Frozen Assets - Davie LLC  Name of Limited Liability Company  et enclosed Articles of Amendment and fee(s) are submitted for filing.  ease return all correspondence concerning this matter to the following:  Christopher Molina  Name of Person  Frozen Assets - Davie LLC  Firm/Company  606 nw 135th Terrace  Address  Plantation Florida 33325  City/State and Zip Code  chrismolina@hotmail.com  E-mail address: (to be used for future annual report notification)  r further information concerning this matter, please call:  aristopher Molina  Name of Person  Name of Person  Name of Person  Name of Person  Closed is a check for the following amount:  E \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Frozen Assets - Davie LLC  Firm/Company  Address  Plantation Florida 33325  City/State and Zip Code  chrismolina@hotmail.com  E-mail address: (to be used for future annual report notification)  To further information concerning this matter, please call:  aristopher Molina  Object Code  Certificate of Status  Certified Copy (additional copy is enclosed)				
Division of Corporations    Frozen Assets - Davie LLC					
	Division of Corporations  Frozen Assets - Davie LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  se return all correspondence concerning this matter to the following:  Christopher Molina  Name of Person  Frozen Assets - Davie LLC  Firm/Company  606 nw 135th Terrace  Address  Plantation Florida 33325  City/State and Zip Code  chrismolina@hotinail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  istupher Molina  Name of Person  Name of Person  Area Code  Daytime Telephone Number  losed is a check for the following amount:  \$255.00 Filing Fee  Certificate of Status  Certificate Copy				
		Plantation Florida 33325			
			City/State and Zip Code		
		-	to be used for future annual r	eport notification)	
For further is	iformation co			-,	
			954 706	7080	
	Name of	Person		Daytime Telepho	one Number
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	Filing Fee		Certified Copy		Certificate of Status & Certified Copy
<u>Mai</u>	iling Address	<u>:</u>	Street Ad	dress:	

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

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



Frozen Assets -Davie 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 Li-	ability Company	were filed on 5/04/2022	and assigned
Florida document number L18000008520	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
Frozen Assets -Davie LLC			
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	606 NW 135th Terrace	Plantation Florida 33325
(Principal office address MUST BE A STREE	T ADDRESS)		<del></del>
Enter new mailing address, if applicable:		606 NW 135th Terrace	Plantation Florida 33325
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres	•	address on our records	enter the name of the new registered
Name of New Registered Agent:	Christopher Mo	lina	
New Registered Office Address:	606 NW 135th		·
		Enter Florida stree	t address
	Plantation	<b>.</b>	Florida <sup>33325</sup>
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Albert Molina	12200 NW 7st Plantation FLorida 33325	□Adđ
			<b>≅</b> Remove
			□Change
MGR	Christopher Molina	606 nw 135th Terrace Plantation Florida 33325	□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
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an effecti ote: If t	date, if other than the date of filing:  (optional)  ve 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 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I seffective date on the Department of State's records.	505.0207 ( isted as t
record sp is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
Ma	y 04	
ated	• •	
ated	Chartopher Molice Signature of a member or authorized representative of a member	

Filing Fee: \$25.00