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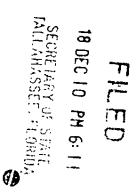
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Frampton Avenue Associates LIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Robert M. Roth Name of Person
Franction Avenue Associates LLC
27357 Frampton Ave.
Brooks ville FL 34602 City/State and Zip Code rob @ 91fcoast 19w firm. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Roth at (813) 610-2982 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Status

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

Frampton Avenue	e Associates LLC	
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our recorda Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Florida document number <u>L 18000144130</u>		1 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here: ん / A	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	···
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	18 DEC 10 P
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		is, enter the name of the new
Name of New Registered Agent:	Same	
New Registered Office Address:	Enter Florida street addre	285
	F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red 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. ۸/ ب

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
MGR/SEC	- Alisa Fletcher	27357 Frampton Ave	Add Add
		Brooksville, FL 3460;	Z_□ Remove
			Change
SEC	Robert M. Roth	27357 Frampton Ave	□ Add
		Brooksville FL 34602	X Remove
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