118000189519

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

Office Use Only



500317019695

08/20/18--01035--026 **30.00

18 AUG 20 PH 2: 15
SECREPARY OF STATE
RALL MHASSEE, FLORIDA

AUG 2 4 2018 T SCHROEDER

COVER LETTER

Div	ision of Corp			
SUBJECT:	Frostly Fox	: Investment LLC		
		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
		ndence concerning this matter t		
		Hao Jun Chang		
			Name of Person	
		Frostly Fox Investment L	LC	
			Firm/Company	
		220 High Castle Ln		
			Address	
		Longwood, FL 32779		
			City/State and Zip Code	
		hao-jun@outlook.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	ll:	
Hao Jun C	hang		352 2787699 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is:	a check for th	e following amount:		
\$25.00	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Talłahassee, 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

Frostly Fox Investment LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 8/8/2018	and assigned
Florida document number L18000189519		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
Frosty Fox Investment LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
		3E 8
		AUG T
Enter new mailing address, if applicable:		6 2 = = = = = = = = = = = = = = = = = =
(Mailing address MAY BE A POST OFFICE BOX)		
Mighing dadress MAT BE A POST OF FICE BOX	· · ·	
		ORIDE TO
B. If amending the registered agent and/or registered	l office address on our records.	enter Are name of the new
registered agent and/or the new registered office address	here:	
		
Name of New Registered Agent:		
New Registered Office Address:		
New Neglaterea Office Address.	Enter Florida street address	
	. Flor	ida
	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
			Remove
		<u> </u>	Change
			Remove
		<u> </u>	Change
			Add
			Remove 8
			AUM 20 PA 2 LAHASSEE FLO
			Sign Age In Company Co
			Change
			Add
			Remove
			Change
			Add
		<u></u>	Remove
			☐ Change

			 _				
· 	·		<u>-</u>				
			. <u> </u>				
	-					-	
		_ .					
			_	·	-		
			.				
							
							
		.					
		<u>-</u>			<u> </u>	- ਛ	
						>	•
	<u> </u>	·			ASS	- - - - - - - - - - - - -	-
							
				<u> </u>		<u> </u>	; !
					S TAIL CORID	2:	
						5	
Effective date, if oth	er than the date of fil	ling:		(op	otional)		
f an effective date is liste Note: If the date inse	d, the date must be specific rted in this block does no date on the Department of	and cannot be prior of meet the applica	able statutory fili	more than 90 days af ng requirements, t	ler filing.) Pursua his date will no	ınt to 605 ot be liste	5,020 ed a
ne record specifie: The 90th day af	s a delayed effectiv ter the record is file	e date, but no ed.	t an effective	time, at 12:01	l a.m. on th	e earlie	er c
8/15/2018 Dated		·					
	Nash	f a member or autho		6			

Page 3 of 3

Filing Fee: \$25.00