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COVER LETTER

TO: Registration S Division of Co			
	itions LLC		
5000001	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Lexie Rivers		
	** * *	Name of Person	
	Prime Corporate Services		
		Firm/Company	
	12226 S 1000 E Ste #3		
	· · · · · ·	Address	
	Draper, UT 84020		
	lexie@primecorporateservi	City/State and Zip Code	
	- · · · · · · · · · · · · · · · · · · ·	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Lexie Rivers		855 577-4639	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

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

FRYCO SOLUTIONS LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) nited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on 11/13/2018	and assigned
Florida document number 1.18000264732		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Hability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered		enter the name of the new
registered agent and/or the new registered office address	s here:	. 56
Name of New Registered Agent:		·
New Registered 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Edward Fry and Patricia A. Fry, Trustees of the Fry Revocable Living Trust dated March	3050 SCARLET OAK PL	■ Add
	13th, 2017, 100% Shares	N. FORT MYERS, FL 33903	□ Remove
		3050 SCARLET OAK PL	Change
AMBR	EDWARD D FRY	N. FORT MYERS, FL 33903	Add
			■ Remove
			☐ Change
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			☐ Change

as the new AMBR Effective date, if other than the date of filing: (aptional) (aptional) (an effective date is liked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.0207 is More: (but date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. (be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. (because of a member or amborized representative of a member.)		Please add Edward Fry & Patricia A Fry Trustees of the Fry Revocable living trust Dated: March 13th, 2017
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Oated		
Signature of a member or authorized representative of a member		December 6 2018
	Dated	

Page 3 of 3

Filing Fee: \$25.00