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COVER LETTER

Division of Corporations FRONTIERLAND MANAGEMENT LLC SUBJECT: 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: CARLO VERNIA Name of Person FRONTIERLAND MANAGEMENT LLC Firm/Company 724 SANDY POINT LANE Address NORTH PALM BEACH, FL 33410 City/State and Zip Code qbw700@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLO VERNIA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. □ \$55,00 Filing Fee & \$25,00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FRONTIERLAND MANAGEMENT LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comparing document number 19000002769	any were filed on DECEMBE	R 31, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
		· ·
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect	address
 	City	, Florida Zip Code
	C II)	rap com

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	635 COLUMBUS AVE REALTY CORP., A NEW YORK	724 SANDY POINT LANE NORTH PALM BEACH, FL	
			□ Remove
			☐ Change
	CARLO VERNIA	724 SANDY POINT LANE NORTH PALM BEACH, FL	
			■ Remove
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ctive date, if	other than the d		1/15/19		(optional) safter filing.) Pursuant to	
e: If the date i	listed, the date must b nserted in this block we date on the Depa	k does not mee	t the applicab	date of filing or le statutory fi	more than 90 days ling requirements	s after filing.) Pursuant to s, this date will not be	605.0 listed
micia s enecti	ve tiate on the repa	annen or star	e s records.				
he 90th day	after the recor	d is filed.		an effective	e time, at 12:	01 a.m. on the ea	ırlier
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Filing Fee: \$25.00