

L19 0000 15006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

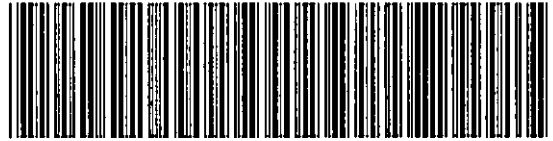
(Business Entity Name)

(Document Number)

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OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Frontline Properties, LLC

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:

Jose Torres

Name of Person

Frontline Properties, LLC

Firm/Company

PO Box 6236

Address

Navarre FL 32566

City/State and Zip Code

frontlineproperties.fl@gmail.com

E-mail address: (to be used for future annual report notification)

2022 DEC 19 PM 1:36

For further information concerning this matter, please call:

Jose Torres

850

980-1298

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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**

Frontline Properties, 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 Liability Company were filed on 1/14/2019 and assigned
Florida document number L19000015006.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1910 Navarre School Rd.

(Principal office address MUST BE A STREET ADDRESS)

Navarre FL 32566

Enter new mailing address, if applicable:

PO Box 6236

(Mailing address MAY BE A POST OFFICE BOX)

Navarre FL 32566

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jose Torres

New Registered Office Address:

1910 Navarre School Rd.

Enter Florida street address

Navarre

Florida 32566

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose R Torres	6807 Yorkwood St	<input type="checkbox"/> Add
		Navarre FL 32566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose Torres	1910 Navarre School Rd.	<input checked="" type="checkbox"/> Add
		Navarre FL 32566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 16, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00