L1900017325Z

(Re	equestor's Name)	
— (Ad	ldress)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2019 AUG 14 AM 10: 45

C. GOLDEN AUG 2 3 2019

COVER LETTER

SUBJECT:	ST. CLEME	ENT ESTATE PARTNERS LLC	
SUBJECT:		Name of Limited Liability Company	
	•		
The enclosed	l Articles of A	Amendment and fee(s) are submitted for filing.	
Please return	all correspor	ndence concerning this matter to the following:	
		Noelle Frost	
		Name of Person	
		Frost Brands	
		Firm/Company	
		2201 Midway Road Suite 302	
	Address		
		Carrollton, TX 75006	
		City/State and Zip Code noelle@frostwine.com	
		E-mail address: (to be used for future annual report notification)	
For further in	aformation co	oncerning this matter, please call:	
Noelle Frost		214 4784968 	
1	Name of		
Enclosed is a	check for the	e following amount:	
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	\ .

MAILING ADDRESS:

Registration Section

Division of Corporations

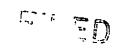
TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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



ST, CLEMENT ESTATE PARTNERS LLC

2019 AUG 14 AM 10: LE

(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 July 03, 2019 at 8AM and assigned Florida document number L19000173252 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	David Frost	955 NW 17th Ave., Building J Delray Beach, FL 33445	∩ Add
			■ Remove
			☐ Change
AMBR	Frost Brands LLC	955 NW 17th Ave., Building J Defray Beach, FL 33445	■ Add
			☐ Remove
			Change
			□ Remove
			Change
			
			☐ Remove
		·	☐ Change
			_ □ Add
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ote:	e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as active date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o ay after the record is filed.
ated	
ated _	
ated _	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00