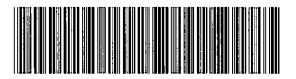
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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)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



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## **COVER LETTER**

|  | Registration Se<br>Division of Cor |  |   |  |  |  |
|--|------------------------------------|--|---|--|--|--|
| (************************************* | FRICKERI                           | AND LLC                                      |   |  |  |  |
| SUBJEC                                 | .1:                                | Name of Lim                                  | ited Liability Company  |  |  |  |
| The enclo                              | osed Articles of                   | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |  |
| Please re                              | turn all correspo                  | ndence concerning this matter                | to the following:   |  |  |  |
| •                                      |                                    | LOVETTE DOBSON                               |   |  |  |  |
|  |                                    |  | Name of Person  |  |  |  |
|  |                                    | INCFILE.COM LLC                              |   |  |  |  |
|  | Firm/Company                       |  |   |  |  |  |
|  |                                    | 17350 STATE HWY 249 STE 220                  |   |  |  |  |
|  |                                    | Address                                      |   |  |  |  |
|  |                                    | HOUSTON, TX 77064                            |   |  |  |  |
|  |                                    |  | City/State and Zip Code   |  |  |  |
|  |                                    | EFILE1234@INCFILE.CO                         |   |  |  |  |
|  |                                    |  | to be used for future annual report notifi                          | cation)  |  |  |
| For furth                              | er information co                  | oncerning this matter, please ca             | all:  |  |  |  |
| LOVET                                  | TE DOBSON                          |  | 855 829-9090<br>at ()   |  |  |  |
|  | Name of                            | f Person                                     | Area Code Daytime   | Telephone Number   |  |  |
| Enclosed                               | is a check for th                  | ae following amount:                         |   |  |  |  |
| □ \$25.0                               | 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

| FRICK   | ERLAND LLC   |                            |
|---|--|----------------------------|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Lim   | ompany as it now appears on our records.)<br>ited Liability Company) | 1                          |
| the Articles of Organization for this Limited Liability Complorida document number L19000203434   | oany were filed on 08/09/2019  | and assigned               |
| his amendment is submitted to amend the following:  |  |                            |
| . If amending name, enter the new name of the limited   | liability company here:  |                            |
| he new name must be distinguishable and contain the words "Limited l  | Liability Company." the designation "LLC" of                         | or the abbreviation 1L.C." |
| nter new principal offices address, if applicable:  |  | 988                        |
| Principal office address MUST BE A STREET ADDRESS   | <u> </u>   |                            |
| nter new mailing address, if applicable:  |  | PH 1: 24                   |
| Aailing address MAY BE A POST OFFICE BOX)   |  |                            |
|   |  |                            |
| . If amending the registered agent and/or registere egistered agent and/or the new registered office address  Name of New Registered Agent: |  | enter the name of the      |
| - · · · ·   | 14 to  |                            |
| New Registered Office Address:  | Enter Florida street address   | ·                          |
|   | , Flor   |                            |
|   | 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  |
|--------------|---------------|-----------------------------|-----------------|
| MGR          | BLAKE FRICKER | 11233 ROZ WAY               | Add             |
|              |               | OXFORD, FL 34484            | Remove          |
|              |               |                             | <b>■</b> Change |
| MGŘ          | REID MOLLWAY  | 320 COMMONS WAY             |                 |
| •            |               | PALM BEACH GARDENS, FL33418 | □ Remove        |
|              |               |                             | ■ Change        |
|              |               |                             | Add             |
| ē            |               |                             | Remove          |
|              |               |                             | Change          |
|              |               |                             |                 |
|              |               |                             | □ Remove        |
|              |               |                             | Change          |
|              |               |                             |                 |
|              |               |                             | Remove          |
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|              |               |                             | Remove          |
|              |               |                             | Change          |

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| an eff<br>ote: | ve date, if other than the date of filing:   |
|                | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier<br>90th day after the record is filed. |
| ated           | SEPTEMBER 10 2019  |
|                | Blake Fricker Signature of a member or authorized representative of a member   |
|                | Bearennine   |

Page 3 of 3

Filing Fee: \$25.00