

L19 000739490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

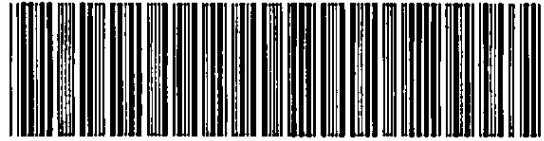
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300392167563

08/08/22--01010--026 **25.00

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
2022 AUG -8 AM 9:07

mscws

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: United Fros, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Ramos-Rivera

Name of Person

Firm/Company

960 Jamison Loop Apt 402

Address

Kissimmee, FL 34744

City/State and Zip Code

jnaboogie@gmail.com

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

For further information concerning this matter, please call

Ashley Ramos-Rivera

646
at ()

266-3986

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

United Fros, 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 09/23/2019 and assigned
Florida document number L19000239490

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG -8 AM 9:07

This amendment is submitted to amend the following:

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

Expo Home Conversions, LLC

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:

1065 SW 8th ST #1579

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33130

Enter new mailing address, if applicable:

1065 SW 8th ST #1579

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33130

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:

Ashley Ramos-Rivera

New Registered Office Address:

1065 SW 8th ST #1579

Enter Florida street address

Miami

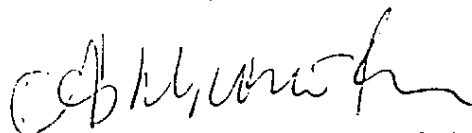
Florida 33130

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>
AMBR	ASHLEY RAMOS-RIVERA	960 Jamison Loop Apt 402	<input type="checkbox"/> Add
		Kissimmee, FL 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THE ARJV TRUST	1065 SW 8th ST #1579	<input checked="" type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2002 AUG -8 AM 9:07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG -8 AM 9:07

(If an effective date 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00