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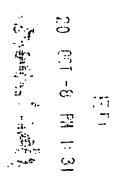
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
SUBJECT:	Frio Cholo	ados //c			
	Name of Lim	ited Liability Company			
Division of Corporations UBJECT: File Cholades //c - Name of Limited Liability Company the enclosed Articles of Amendment and fects) are submitted for filing. lease return all correspondence concerning this matter to the following: Registered Agents Inc - Name of Person Firm/Company 7901 4th St. N. Ste 300 Address St. Peters burg FC , 33702 City/Septend Zip Code Info C Friecholades Com Bernall address to be used for future annual report notification) or further information concerning this matter, please call: Lindsey Lefebyte at (804) 721 - 7493 Name of Person Inclosed is a check for the following amount:					
Please return all correspo	ndence concerning this matter	to the following:			
	Reg	gistered Agents Name of Person	Inc.		
		Firm/Company			
	7901 4H	St. N. Ste 30	0		
	St. Peter	Sburg FL, 33	3702		
For further information co	oncerning this matter, please ca	all:			
Lindser Name of	Lefebvie Person	at (<u>804</u>) <u>721</u> - Area Code Daytim	- 7693 e Telephone Number		
The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Registered Agents Inc. Registered Agents Inc. Firm/Company Fi					
₩\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
-			ation		
-		_			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Frid Cholac		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on October 30, 2019 and ass	ioned
Florida document number <u>L19000271461</u> .		Ellea
riorida discument number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
,	ASDS IIC	
The new name must be distinguishable and contain the words "Limited Liab	hility Company," the designation "LLC" or the abbreviation "L.	E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
The state of the s		
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	<u>registere</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
	with the state of	
New Registered Office Address:	Execusive Standards and the second standards	
	Emer Fiorum Mreet address	
-	, Florida	
	City Zip Code	
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	Enter Florida street address Florida City Zip Code	

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			⊡Change
			□Remove
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ati	ve date, if other than the date of filing: (optional)
elle	ctive 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 605.020
<u>e:</u> I ume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	·
ec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
ne '	90th day after the record is filed.
	•
ed_	<u>october 3</u> 2020
	Signature of a member or authorized representative of a member
	Signature of a medical of administrative of a medical

Page 3 of 3