

L20000054517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

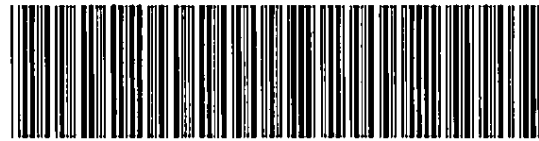
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2020 OCT - 24 AM 11:59

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OCT 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FROSTY FOX ORLANDO 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:

CHANG, HSIAO- PEI

Name of Person

FROSTY FOX GAINESVILLE LLC

Firm/Company

3265 SW 34th ST, STE 2

Address

GAINESVILLE, FL 32608

City/State and Zip Code

FROSTYFOX.USA@GMAIL.COM

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

For further information concerning this matter, please call:

HAO JUN CHANG

352 278-7699

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**

2020 AUG 24 AM 11:59

FROSTY FOX ORLANDO 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 FEBRUARY 18, 2020 and assigned
Florida document number L20000054517.

This amendment is submitted to amend the following:

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

FROSTY FOX GAINESVILLE 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:

3265 SW 34TH ST, STE 2

(Principal office address MUST BE A STREET ADDRESS)

GAINESVILLE, FL 32608

Enter new mailing address, if applicable:

3265 SW 34TH ST, STE 2

(Mailing address MAY BE A POST OFFICE BOX)

GAINESVILLE, FL 32608

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:

HSIAO-PEI CHANG

New Registered Office Address:

3265 SW 34TH ST, STE 2

Enter Florida street address

GAINESVILLE

Florida 32608

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.

HSIAO-PEI CHANG

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:

2020 AUG 24 AM 11: 59

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HAO JUN CHANG	220 HIGH CASTLE LN, LONGWOOD, FL 32779	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHENG HAN YEH	220 HIGH CASTLE LN, LONGWOOD, FL 32779	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KUO HSIANG TSAI	220 HIGH CASTLE LN, LONGWOOD, FL 32779	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HSIAO-PEI CHANG	3265 SW 34TH ST,STE 2, GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PO-FUNG CHEN	3265 SW 34TH ST,STE 2, GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Filing Fee: \$25.00