

L20000117791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

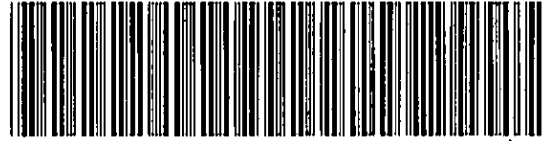
(Business Entity Name)

(Document Number)

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APR 08 2021

S. YOUNG

2021 FEB 17 PM 7:31

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FROSTED PETAL 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:

TARIO P ROBERT

Name of Person

FROSTED PETAL LLC

Firm/Company

15032 NE 6TH STREET

Address

NORTH MIAMI BEACH, FL 33161

City/State and Zip Code

FROSTEDROSEPETAL@GMAIL.COM

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

For further information concerning this matter, please call:

TARIO P ROBERT

954 3304587

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**

FROSTED PETAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 FEB 17 04:30

The Articles of Organization for this Limited Liability Company were filed on SUNBIZ and assigned
Florida document number L20000117791.

This amendment is submitted to amend the following:

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

FROSTED PETAL 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:

15032 NE 6TH AVE

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, FL 33161

Enter new mailing address, if applicable:

15032 NE 6TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33161

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:

TARIO P ROBERT

New Registered Office Address:

5630 B DAWSON STREET

Enter Florida street address

HOLLYWOOD

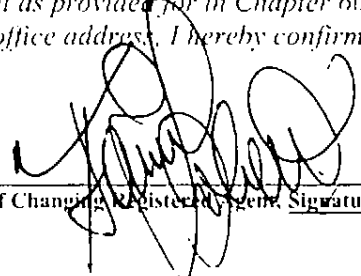
Florida 33023

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	TARIO P ROBERT	15032 NE 6TH AVE.MIAMI,FL 33161	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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