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## COVER LETTER

TO:

Registration Section

Divi	ision of Corp	orations				
SUBJECT:	THE OFFIC	E OF FRANDLEY DEFILI	ÉLLC 🥇	•	e e e e e e e e e e e e e e e e e e e	مين بي
	•	Name of Lin	nited Liability Co	ompany		
The enclosed	Articles of A	Amendment and fee(s) are sub	bmitted for filin	g.		
Please return	all correspor	ndence concerning this matter	r to the followir	ıg:	ime Telephone Number  □ \$60.00 Filing Fee. Certificate of Status & Certified Copy	
		FRANDLEY DEFILIE				
	Name of Person					<del> </del>
		THE OFFICE OF FRANI	DLEY DEFILI	ELLC		
			Firm/Co	mpany		
		P.O. BOX 630310				
			Addr	ess	-	
MIAMI, FLORIDA 33163						
			City/State and	d Zip Code		
		FRANDLEY@FRANDLE	-	·		
		E-mail address:	(to be used for fu	ture annual report i	notification)	
For further in	formation co	ncerning this matter, please o	rall:			
LYDIA HER	RNANDEZ		786 at (	5 999-3552	2	
Name of Person			Code Day	time Telephon	e Number	
Englysad is a	about for the	o following amount:				
Enclosed is a	CHECK TOT THE	e following amount:				
<b>■</b> \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy at copy is enclosed)	1	Certificate of Status & Certified Copy
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Mailing Address:			Street Address:	-		
Registration Section			Registration Division of C		_	
Division of Corporations P.O. Box 6327			The Centre o	•	1	
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				Tallahassee,		
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.. 4:13

THE OFFICE OF FRANDLEY DEFILIE 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 05/07/2020 \_\_\_\_ and assigned Florida document number 1.20000123677 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_

## 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.

City

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
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