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C. GOLDEN

AUG 2 3 2020

COVER LETTER

Registration Section Division of Corporations

TO:

,	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	CHADWICK T. COREY			
		Name of Person		
	ACCOUNTING & TAX S	OLUTIONS OF FLORIDA, LLC.		
		Firm/Company		
	3707 26TH ST W			
		Address		
	BRADENTON, FL 34205			
		City/State and Zip Code		
	INFO@MYTAXPROFL.C	OM		
	E-mail address: (to be used for future annual report notification)		
For further information c	oncerning this matter, please c	all:		
CHADWICK T. COREY	,	941 782-8577 at ()		
Name o	f Person	Area Code Daytime Telephone Number	_	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed)	Status &	
Mailing Address		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of Tallahassee		
Tallahassee, 1	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FROST AUTO CARE, LLC.

-20 0."" | N FN 3:13

(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 $\frac{06/10/2020}{1}$ ____ and assigned Florida document number L.20000158979 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 "L.L.C." 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: ACCOUNTING & TAX SOLUTIONS OF FLORIDA, LLC. Name of New Registered Agent: 3707 26TH ST W New Registered Office Address:

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.

BRADENTON

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida 34205 Zin Code 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
MGR	PETER FROST	616 50TH STREET EAST	■ Add
		BRADENTON, FL 34208	🗀 Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□ Change
			□Add
			Remove
			Change

			□Remove
			□Change

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i effecti <u>te:</u> If t	date, if other than the date of filing:
cord spirited.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed	July 8th 2020.
	Derono
	Signature of a member or authorized representative of a member
	Meter Frust Typed or printed name of signee