

L20 000 161506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020 AUG 24 PM 5:03
TALLAHASSEE, FL
SECOND JUDICIAL CIRCUIT

D BRUCE
OCT 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frog Princess Entertainment
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:

Sierra M Williams
Name of Person

Frog princess Entertainment
Firm/Company

14948 Old Pointe rd
Address

Tampa FL 33613
City/State and Zip Code

Frog Princess Tampa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2020 AUG 24 PM 8:00
TALLAHASSEE
FIVE

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

Frog Princess Entertainment

(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 6/11/2020 and assigned
Florida document number L20000161506.

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)

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2020 AUG 24 PM 5:03
TALLAHASSEE FL

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:

SW ~~STONCE M WILLIAMS~~

New Registered Office Address:

~~1404 S Old Pointe Rd~~

Enter Florida street address

Tampa

City

Florida

~~33613~~

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.

[Signature]

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

Title	Name	Address	Type of Action
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MGR	Sierra M Williams	14948 old point Rd	<input checked="" type="checkbox"/> Add
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		Tampa FL, 33613	<input type="checkbox"/> Remove
--	--	-----------------	---------------------------------

		4900 S. Gilbert rd	<input type="checkbox"/> Change
--	--	--------------------	---------------------------------

AMBR	Cynthia Smitherman	#1-487 Chandler, AZ	<input checked="" type="checkbox"/> Add
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		85249	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	Sarena King	233 ^E Southern ave	<input checked="" type="checkbox"/> Add
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		# 26202 Tempe	<input type="checkbox"/> Remove
--	--	---------------	---------------------------------

		AZ 85285	<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

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

please add EIN # 85-1828326

REC'D
2020 AUG 24 PM 5:03
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

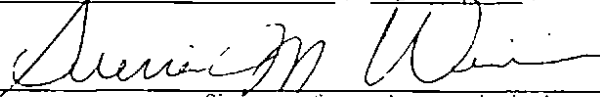
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

09 03 . 2020



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00