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COVER LETTER

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SUBJECT:	ACCOAFROG	UC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Puares Da	r eow	
	Name of Limited Liability Company and Articles of Amendment and feets) are submitted for filing. The property of the following: Robert Darrow		
	p l.c		
	Doogur	Firm/Company	
		صامد با م	26
	13100 Pella (Jasa Circle APT 2	30
		/ Iddi Cin	Apt 235 Ode Ode
	FORT MYEIS, H	L 33966	
		,,	
	For the fall parting E-mail address:	rinting. not to be used for future annual report notif	lication)
For further information c	oncerning this matter, please ca	all:	
Robert Dr	+ AROW	ar 239 \ 410·	9801
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
4	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	_		
_		-	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monroo	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Booda frog LLC.		တီ င်
(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L20000194561</u>		が、2020 and assigned 高
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	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 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
AMBR	Robert Darrow	13100 Bella Cosa Circle Apt	23 5 □Add
		FORT Myers, FL 33966	□Remove
			の MChanges
Mar	Randy Darrow	13100 Bella Casa Circle Ap Fort Myers, FL 33966	મ <u>ે 23</u> ડ⊡Add ૠ
		fort Myers, FL 33966	□Remov a
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Effective date, if other that If an effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does r	sot meet the	applicable s	of filing or me tatutory filing	ore than 90 day requiremen	(optional) after filing is, this date	.) Pursuant to 6 will not be I	505.0207 (3)(isted as the
ne record specifies a delayed ef ord is filed.	fective date, but	t not an effe	ctive time, at	12:01 a.m. o	n the earlier	of: (b) Th	ie 90th day af	fier the
Dated FEBRUARY	24	ZE	21					
Dated FEBRUARY Trefut	· N. Da	<u> </u>						
			or authorized	representative	of a member			
Rober	et DAR	erow						

Filing Fee: \$25.00