(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

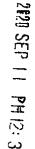
Office Use Only

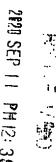


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SEP . . 2020 D CUSHING

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO: Florida Department of State

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE: 9/11/2020

PRIORITY: Routine

OUR REF # (Order ID#), 850835

ORDER ENTITY 2013 FRYER POINT LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
FRYER POINT LLC (FL)

File the attached amendment and provide a certified copy as evidence.

NOTESIET LE MARTINE SERVICE DE BARRIER DE LA COMPANION DE LA COMP

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

20 SEP 11 AMIO: 05

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRYER	(POINT LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as II now appears on outed Liability Company)	r records.)
(Name of the Limited Clability Conf. (A Florida Lim The Articles of Organization for this Limited Liability Conf. Florida document number L20000268731	rany were filed on	1000 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	llability company here:	
The new name must be distinguishable and contain the words "Limited [lability Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable;		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	and the second s
		and the same of th
Enter new mailing address, if applicable:	2701 EAST OAKLAN	D PARK BLVD, UNIT C
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDAL	.B, FL 33306
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new registeres
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	kang saki panang kang panang pana Panang panang panan
	ter titere a servided dara	
Aggregation of the control of the co	City	, Florids 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

Title	Name	Address	Type of Action
MGR	ALESSANDRO POTENTI	2701 EAST OAKLAND PARK BLVD.	= Add
-		UNIT C	
		FORT LAUDERDALE, FL 33306	
management on the second of th		and the August and the company with the last the	□Add
			□Remove
			□Add
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			☐ Remove
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			□Remove
			☐ Change
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			⊟Remove
			□Change

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