Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRAME THE WORLD LLC

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Electronic Filing Menu Corporate Filing Menu

Help-___

CSC TRANS02

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	9	
The Articles of Organization for this Limited Liability Company	were filed on 08/31/2020	and assigned	
Florida document number L20000270516			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
		नि हैं	
Enter new mailing address, if applicable:		70 75	
Mailing address MAY BE A POST OFFICE BOX)		J	
Bruding dadress mail 195711 (85) OF THOS 550-19		A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	,	
	, Florida		
	City	orida Zıp Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, an	nd I am familiar with and	

company has been notified in writing of this change.

H20000334874 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Gregory Mitchell	605 Highland St	
		Longwood, FL 32750	□Remove
			Change
			□Remove
			🗆 Add
			□Remove
			Change
		· .	□Add
			□Remove
			Change
			□Remove
			□ Change
			
			□Remove
			☐ Change

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Effective date, if other than the date of filing: ((optional) (If an effective date is sheld, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paissant to 605 0207 (3 Mote: 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 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 ord is filed. Dated September 24th 2020 Gragory Matchell Signature of a member or authorized representative of a member.		
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Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

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