

L20 0000392897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

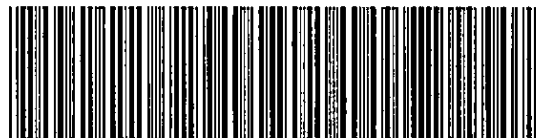
(Document Number)

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CLERK OF THE COURT  
JULIA A. GALEA

FILED

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: FROSTWAY LLC

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:

GEORGE A MENDEZ

Name of Person

FROSTWAY LLC

Firm/Company

150 EAST PALMETTO PARK ROAD SUITE 800

Address

BOCA RATON, FL 33432

City/State and Zip Code

george@mendezh.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE A MENDEZ

at ( 954 ) 6043070

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

SECRET  
TALLAHASSEE, FL

2022 JAN -4 PM 1:14

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

FROSTWAY LLC

(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 12/16/2020

Florida document number L20000392897

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FROSTWAY LLC.

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)

150 EAST PALMETTO PARK ROAD SUITE 800

BOCA RATON, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 EAST PALMETTO PARK ROAD SUITE 800

BOCA RATON, FL 33432

**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:

GEORGE A MENDEZ

New Registered Office Address:

150 EAST PALMETTO PARK ROAD SUITE 800

*Enter Florida street address*

BOCA RATON

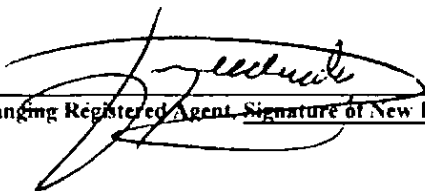
*City*

Florida 33432

*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 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>	<u>Type of Action</u>
MGR	GEORGE A MENDEZ	150 EAST PALMETTO PARK ROAD SUITE 800	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
		60 % SHARE	<input checked="" type="checkbox"/> Change
MGR	GOMEZ MAYRA ALEJANDRA	2841 NE 163RD APT 1108	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH,FL 33160	<input type="checkbox"/> Remove
		40 % SHARE	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

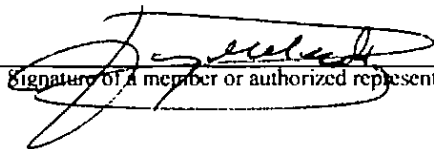
E. Effective date, if other than the date of filing: 01/01/2022 (optional)

(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 December, 16 , 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

GEORGE A MENDEZ

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00