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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter	the	email	address	for	this	business	entity	to	be	used	for	future
						only one						

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FROZEN LAKE SOFTWARE LLC

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JUN 21 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Frozen Lake Software LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A F	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L21000051796	ity Company were filed on 01/28/21	and assigned
This amendment is submitted to amend the following	og:	
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 abb	reviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, enter the name	e of the new registered
	(	19
Name of New Registered Agent:		2022
New Registered Office Address:		<del></del>
	Enwr Florida street address , Florida	FIL N 20 NSEE
~	City	Zip Code
New Registered Agent's Signature, if changing Regi		<u> </u>
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi	gent and agree to act in this capacity. I further agreed complete performance of my duties, and I am for the complete performance of my duties.	amitiar with ana

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>	Address	Type of Action
AMBR	Jemima Lee Venter	7901 4TH ST N STE 300	<b>X</b> (Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
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			Remove
			[] Change

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		11-07-	
	a data of Elimon		(optional)
ffective date, if other than the an effective date is listed, the date moote: If the date inserted in this becument's effective date on the I	ast be specific and cannot be prior to block does not meet the applicab	odate of filing or more than 90 day ole statutory filing requiremen	is after filing.) Pursuant to 605.0207 ( ts, this date will not be listed as t
an effective date is listed, the date mo ote: If the date inserted in this b	ast be specific and cannot be prior to block does not meet the applicab Department of State's records.	ole statutory filing requiremen	ts, this date will not be listed as t
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an effective date is listed, the date moote: If the date inserted in this becument's effective date on the large of the date of the large of the lar	ast be specific and cannot be prior to block does not meet the applicab Department of State's records.  ve date, but not an effective tim	ole statutory filing requiremen	ts, this date will not be listed as t
an effective date is listed, the date moote: If the date inserted in this becument's effective date on the large of the date of the large of the lar	ast be specific and cannot be prior to block does not meet the applicab Department of State's records.  ve date, but not an effective tim	ole statutory filing requirements to the carlier at 12:01 a.m. on the carlier	ts, this date will not be listed as t