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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor	
		FRZ 3, LLC
SUBJI	ECT:	Name of Limited Liability Company
The en	aclosed Articles of .	Amendment and fee(s) are submitted for filing.
Please	return all correspo	ndence concerning this matter to the following:
		Malka Husqisky Name of Person
		Name of Person FACZ 3, LLC
		Firm/Company
		1079 East 18th Street
		Address
		Brooklyn, NY 11230
		City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For fu	rther information c	oncerning this matter, please call:
	Name o	Malka Husarsky at (917) 620-1034 Area Code Daytime Telephone Number
Enclos	sed is a check for th	e following amount:
च्च \$ 2	25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	
	Division of C	
	P.O. Box 632	7 The Centre of Tallahassee ~ ~ ~ ~ ~

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FACZ 3.LIC			
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company were filed on Florida document number \(\frac{12100063322}{20063322}\).	02/201	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abl	 previation "L	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		_	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name</u>	e of the ne	w registere
Name of New Registered Agent:			
New Registered Office Address:		20,	\mathcal{G}
	Florida street address		
	, Florida	PR	
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 the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for it.	of my duties, and I am fo	a nd lar wi	th and

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
MGR	Mordechei Husarsky	1079 Eist 1812 Start	□Adđ
	·	Brooklyn, NY 1/230	⊡Remove
			Change
MOR	Malka Husarsky	1079 Earl 1812 Stad	ØAdd
		Occollyn, NY 11730	□Remove
			□Change
AMBR	Malka Husarsky	1079 East 18th Street	ZiAdd
	,	1079 East 18th Street Brooklyn, NY 11230	□Remove
			□ Change
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ite: If the date	inserted in this	block does no	of nieet the appli of State's records	cable statutory fi	ling requiremen	its, this dat	e will not	be listed
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ecord specifies	a delaved effec	tive date: hut:	not an effective t	rime, at 12:01 a s	n, on the earlier	of (b) T	_	av after ti
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Filing Fee: \$25.00