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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 annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FROST ENTERTAINMENT LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Frost Entertainment LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000099779	were filed on 03/01/21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Frost Trucking LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1961 Sw Cranberry St
(Principal office address MUST BE A STREET ADDRESS)	Port St Lucie, FL 34953
	1961 Sw Cranberry St
Enter new mailing address, if applicable:	Port St Lucie, FL 34953
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	President	116 SW SEALION RD	🗆 Add
		N/A	<b>∑</b> ]Remove
		PORT SAINT LUCIE, FL 34953	
MGR	Joseph Carroo	1961 Sw Cranberry St	<b>∑</b> l Add
		Port St Lucie, FL 34953	□Remove
			□Change
MGR	Jodyann Carroo	1961 Sw Cranberry St	<b>∑</b> I Add
		Port St Lucie, FL 34953	□Remove
			🗆 Change
			□Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□ Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
Note: If the	date, if other than the date of filing:
If the record sp record is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Se	ptember 26 2022
	Riley Tak
	Signature of a member or authorized representative of a member
	Riley Park
	Typed or printed name of signce