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2022 AUG 15 PM 4: 08 SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
	OE ROAD. LLC	•	• "		
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.			
	ndence concerning this matter t	_			
	Austin Sigety				
	Austin Sigety				
		Name of Person			
	28333 ST. JOE ROAD, LL	С			
		Firm/Company			
	3225 S. Macdill Ave.				
		Address	- <del></del>		
	Tampa, FL 33629 #129-23	6			
		City/State and Zip Code			
	billing@frogmorefresh.com				
	E-mail address: (t	to be used for future annual report not	ification)		
For further information e	oncerning this matter, please ca	all:			
Austin Sigety		813 416-0526 at ()			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	na fallowing 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 Addres		Street Address:	.•		
Registration :		•	Registration Section		
Division of C	-	Division of Co			
P.O. Box 632	27	The Centre of	i ananassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

28333 ST. JOE ROAD, 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  $\frac{5-3-2021}{1}$ Florida document number <u>L21000205837</u> This amendment is submitted to amend the following: 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 abbreviation "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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida

## 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
Secretary	Shannon Miltner	3225 S. Macdill Ave	<b>≘</b> Add
		Tampa, FL 33629	□Remove
			☐ Change
			□Remove
			Change
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Mective date, if other the an effective date is listed, the answer of the date inserted in locument's effective date or	date must be specific and ea this block does not me	et the applicable :	e of filing or more tha statutory filing requ	(optional) in 90 days after filing.) tirements, this date v	Pursuant to 605.0207 (will not be listed as t
	effective date, but not a	n effective time, 2	it 12:01 a.m. on the	earlier of: (b) The	90th day after the
record specifies a delayed d is filed.					
record specifies a delayed of is filed.		2022			
record specifies a delayed of is filed.  Dated July 21st	, A	<del></del> ·			
d is filed.	, A	<del></del> ·	representative of a n	nember	