Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H240001048133ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VANJOPI SOLUTIONS INC

Account Number : I20220000179 Phone : (201)658-4981 Fax Number : (407)289-8988

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRABY ACADEMY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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TO: Registration 5 Division of Co		•	
	ACADEMY LLC		
SUBJECT:		nited Liability Company	
	f Amendment and fee(s) are subsondence concerning this matter	_	
	ARLEY AVILA		
		Name of Person	
	FRABY ACADEMY LLC		
		Firm/Company	
	14118 ISLAMORADA D	R	
		Address	
	ORLANDO, FL 32837		
		City/State and Zip Code	
	INFO@BSAFLORIDA.CC	M to be used for future annual repo	ort notification)
For further information	concerning this matter, please c		
ARLEY AVILA		407 81040	60
Name	of Person	at () Area Code I	Daytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u>ss:</u>	Street Addre	<u> 285:</u>

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

1 H 24000104 813311

Zip Code

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRABY ACADEMY LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000228442</u>	were filed on 05/17/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The state of the s	
The new name must be distinguishable and contain the words "Limited Liabi	8810 COMMODITY CIR
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SUITE 16
Transpartifica united at the Transpartition	ORLANDO, FL 32819
Enter new mailing address, if applicable:	8810 COMMODITY CIR
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 16
	ORLANDO, FL 32819
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered
	unier r iorida street address
	F12 -> -

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

HZ40001048133

MGR = Manager

AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	MICHAEL FERNANDEZ	8810 COMMODITY CIR SUITE 16	
		ORLANDO, FL 32819	□Remove
			🖸 Change
MGR	NIDIA C LOPEZ SILVA	8810 COMMODITY CIR SUITE 16	■Add
		ORLANDO, FL 32819	
			CI Add
			□Remove
			🖸 Change
			□Add
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	**************************************		□Add
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			П Re move
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Filing Fee: \$25.00