KZI 000270015

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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Office Use Only



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2022 APR | 4 PM |: 18 SECRETARY OF STATE

A. BUTLER MAY 16 2022

COVER LETTER

| | stration Secsion of Corp | | | | |
|---------------------|-----------------------------------|--|---|--------------------|--|
| SUBJECT: | EME | RALD COSMETIC & R | ECONSTRUCTION | CONSULT | ANTS LLC |
| SOBJECT. | Name of Limited Liability Company | | | | |
| The enclosed | Articles of a | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return : | all correspo | ndence concerning this matter | to the following: | | |
| | | | Sonia Becerra | | |
| | | | Name of Person | | |
| | | | Swyft Filings | | |
| | | | Firm/Company | | |
| | | | 3 Greenway Plaza #13 | 320 | |
| | | | Address | | |
| | | | Houston, TX 77046 | ó | |
| | | | City/State and Zip Code | | - |
| | | | pjfrostms@gmail.co to be used for future annual re | | <u> </u> |
| For further in | formation co | oncerning this matter, please ca | | eport notification |) |
| | Sonia Be | ecerra | at () | 777-0450 | |
| | Name of | Person | Area Code | Daytime Telep | hone Number |
| Enclosed is a | check for th | e following amount: | | | |
| ☆ \$25.00 Fi | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enck | | 2 S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

EMERALD COSMETIC & RECONSTRUCTION CONSCILLANTS LLON 1: 18

| (Name of the Limited L | lability Company as it now appears of lorida Limited Liability Company) | n our recoffie TAUV | OF CTATE |
|--|---|-----------------------------|----------------------|
| (A F | Florida Limited Liability Company) | TALLAHAS | SEE, FL |
| The Articles of Organization for this Limited Liabil | lity Company were filed on | 05/17/2021 | and assigned |
| Florida document numberL21000270015 | ' | | |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | e limited liability company here | : | |
| Frost H | lomes LLC | | |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the desi | gnation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | | |
| (Principal office address MUST BE A STREET A | (DDRESS) | <u> </u> | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BO | <u>xy</u> | | |
| | | | |
| D. 16 15 4b | | anda anton tha nama | of the new registers |
| B. If amending the registered agent and/or registered and/or the new registered office address h | | orus, <u>enter the name</u> | of the new registers |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| - 12 11 TABLESTANT NOTICE - THE STANTANT OF TH | 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 |
|--------------|------------------|-----------------------|----------------|
| AMBR | Tessa Rose Frost | 514 NAVY COVE BLVD | |
| | | GULF BREEZE, FL 32561 | Remove |
| | | | |
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| | any other information, enter change(s) here: (Attach additional sheets, if ne | • |
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| te: If the da | e, if other than the date of filing: | ntional) fler filing.) Pursuant to 605.020 this date will not be listed a |
| cord specifi s filed. | fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: | (b) The 90th day after the |
| ated 3/21/2 | 22 | |
| x _/ | Parker Frost Signature of a member or authorized representative of a member | |
| - | Signature of a member or authorized representative of a member | |
| | | |