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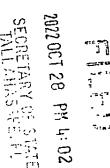
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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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COVER LETTER

TO: I	Registration Se Division of Cor	ection porations				
SUBJEC		S FRISLOP LLC				
Sonate	··	Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub	-			
		FRISNEDA LABRADOR	, ANDREYNA L			
			Name of Person		-	
		FLORIDA'S FRISLOP LI	.C			
			Firm/Company			
		2128 PASA VERDE LN				
		·	Address		-	
		WESTON, FL 33327			2022 C SECF TAL	er e
		andreynafrisneda@gmail.co			2022 OCT 28 SECRETARY TALLAHY	4 MET
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notiful:	ication)	PH 4: 03 F STATE SSEE, FL	207
FRISNEL	DA LABRADO	R, ANDREYNA L	786 616-1712		03	
	Name o	f Person		Telephone Number	r	
Enclosed	is a check for th	ne following amount:				
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status			(additional copy is enclosed) Certified		ite of Status &	
,	Alailina Addros	·-	Street Address			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA'S FRISLOP 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 $\frac{07/19/2021}{1}$ and assigned Florida document number L21000327730 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

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LOPEZ ZORRILLA, HUGO J	FLORIDA'S FRISLOP LLC	□ Add
		WESTON, FL 33327	■Remove
			□ Change
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President data de la	10/19/2022				
. Effective date, if other than the (If an effective date is listed, the date mu	ist be specific and cannot be prior	to date of filing or more	(optional than 90 days after file	ing.) Pursuant	ιω 605,020
Note: If the date inserted in this b document's effective date on the E			equirements, this d	ate will not	be listed a
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the record specifies a delayed effective ord is filed.	ve date, but not an effective to	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th di	y after the
Dated	2022				
	,	·			
Dated					
Dated	Andreyna L, Fri	isneda Labrador			

Filing Fee: \$25.00