12/1/22, 11:08 AM

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRONTIER GRUPPE LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Frontier Gruppe 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 Liabil Florida document number <u>L21000511641</u>	ity Company were filed on 12/02/21	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	2:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the na</u> ere:	me of the new registered
Name of New Registered Agent:		*****
New Registered Office Address:	Enter Florida street address	
_	, Florida _	
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered as the provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this change in the register than	gent and agree to act in this capacity. I further a und complete performance of my duties, and I an red agent as provided for in Chapter 605, F.S. O istered office address, I hereby confirm that the l	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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	REIBEL, KATHRIN	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	⊠Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
	water the second	- La contraction of the contract	□Add
			Remove
			☐ Change
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			□ Change

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<u>lote:</u> If th	date, if other than the date of the date is listed, the date must be spe the date inserted in this block door is effective date on the Departm	es not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed a	07 (3 as th
	·			
l is filed.			11 a.m. on the earlier of: (b) The 90th day after th	c
	December 1	2022		
ated				
ated		Morgan Poble		

Filing Fee: \$25 Of