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DIVISION OF CORPORALIAN 2022 SEP -6 PH 12: 07

SEP 0 6 2022

R. HUNT

COVER LETTER

TO: * Registration Section

Division of Corporations

SUBJECT: Fanc	. Mach: 110			
SUBJECT: TANG	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alex Lamonte	Name of Person		
	Travballour Con	Cepts, LLC Firm/Company		014787 2022 S
	831 W Mallory	Address		DIVISION OF CORPORATIONS 2022 SEP -6 PH 12: Q7
	Pensacola FL	32501 City/State and Zip Code		PHIZ: 0
	lamonteaj P gm E-mail address: (to be used for future annual report i	notification)	7
For further information c	concerning this matter, please of	all:		
Alex Lamante	of Person		- 4035 time Telephone Number	
Enclosed is a check for the	he following amount:			
☑ \$25.00 Filing Fee	[] \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[2] \$60,00 Filing Certificate of Certified Contadditional cop	of Status & opy
Mailing Address Registration Straight Division of CP.O. Box 632 Tallahassee, I	Section Corporations 27		Section Forporations (Tallahassee Proc Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FANCI MOCHI, L	LC ted Liability Com	pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number <u>L22-∞003474</u> 6	iability Compar			and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liz	ability company her	<u>e</u> :	
FROMO LLC				
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the des	ignation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREET ADDRESS)				
				NV STON
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	<u></u>	- San
				PH 12
B. If amending the registered agent and/or ragent and/or the new registered office addre		e address on our rec	ords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	N/A	Enter Floria	la street address	
	·			
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and comple istered agent a registered offic	te performance of n s provided for in Cl	ny duties, and I am fa napter 605, F.S. Or, i	amiliar with and 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>	<u>Address</u>	Type of Action
			.∐Add
			Remove
			□Change
		<u> </u>	□Add
			□ Remove
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			□Remove
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i an effe <u>Note:</u>	tive date, if other than the date of filing: \(\sum \sum \) Tective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicabment's effective date on the Department of State's records.	date of filing or more than 90 ble statutory filing requirer	(optional)) days after filing.) Pursuant to 605.020 ments, this date will not be listed as
recore	ord specifies a delayed effective date, but not an effective tim filed.	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
d is fil	1 August 30 . 2022	_ •	
d is fil	August 30 . 2022 Signature of a member or authoric		