## 122000044306

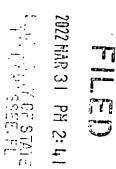
(Re	questor's Name)	
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Y. SCOTT APR 1 6 2022

## **COVER LETTER**

	egistration Sec ivision of Corp		;		
SUBJECT	. F	RL	CONSULTIN	G LLC	
	•			ed Liability Company	
The enclos	ed Articles of a	Amendino	ent and fee(s) are subm	nitted for filing.	
Please retu	m all correspo	ndence co	neeming this matter t	o the following:	·
			FABIAN	A LIMA Name of Person	TODAMINO 31 PH 2:11
				Firm/Company	3 1
		<u> </u>	1037 NI	ANDINA DR Address	H 2: -1
			WESTOR	City/State and Zip Code	1
			fabise E-mail address: (to	vzebio Chotwobe used for future annual repor	nail.com t notification)
For further	information ed	oncerning	this matter, please ca	U:	
_SAN	MANTHA Name of		EUND		123288 aytime Telephone Number
Enclosed is	s a check for th	e followi	ng amount:		
<b>∑</b> \$25.00	) Filing Fee		.00 Filing Fee & entificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Lailing Addresses			Street Addre Registration	
D	ovision of Co O. Box 632	orporati	ons	Division of	Corporations of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRL CONSI	ULTING LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.  ability Company)	.)
The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L}2200044306$	vere filed on01/25/	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	T T
FRML CONSULTING LLC The new name must be distinguishable and contain the words "Limited Liability	Carry T. A. Jainette wt 1 Cm	
Enter new principal offices address, if applicable:	y Company. the designation LLC	or the abore latter. L.C.
(Principal office address MUST BE A STREET ADDRESS)	N/A	70 P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	N/A N/A Enter Florida street address	he name of the new registered
	, Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F	l I am familiar with and .S. Or, 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 Title **Type of Action** Address Name ·N/A \_\_\_\_\_ □Remove \_\_\_\_\_ □Change PO 2 \_\_\_\_⊟Add \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 🗀 Add \_\_\_\_\_\_ □Remove \_\_\_\_\_ Change

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ffecti	ive date, if other than the date of filing: $02/02/2022$ (optional)
an effi iote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocum	ent's effective date on the Department of State's records.
recon Lis fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
J 15 (I)	cu.
ated	MARCH 15 . 2022.
u	
	- trulent and
	Signature of a member or authorized representative of a member
	FABIANA LIMA

Filing Fee: \$25.00