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CORPORATE	
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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COVER LETTER

Division of Co.	rporations		
SUBJECT:	FR	NONE LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOEL FRIEND		
		Name of Person	
	JOEL FRIEND AND ASS		
		Fum/Company	
	2863 EXECUTIVE PARK		
		Address	
	WESTON, FLORIDA 333		
	JOEL@JOELFRIEND.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
OEL FRIEND		954 704-1040	
Name o	f Person	Area Code Daytim	e Telephone Number
inclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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)
<u>Mailing Address</u> Registration S Division of Co	ection	Street Address: Registration Sec	

P.O. Box 6327 Tallahassee, FL 32314

TO: 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

F!! =D C 2022 OCT -7 AM 10: 13 SECRETARY OF THE

FRIONE LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) 07/08/2022 The Articles of Organization for this Limited Liability Company were filed on 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 Changing Registered Agent, Signature of New Registered Agent

, Florida

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	<u>Name</u>	Address	Type of Action
MGR	CAMILA FRIONE	4474 WESTON ROAD, SUITE 183	□Add
		DAVIE, FLORIDA 33331	≅Remove
			□ Change
MGR	MARIA VERONICA FRIONE	4474 WESTON ROAD, SUITE 183	≘ Add
		DAVIE, FLORIDA 33331	□Remove
			□Change
MGR	VANESA MEDRISCII	4474 WESTON ROAD, SUITE 183	■Add
		ĐAVIE, FLORIDA 33331	□Remove
			Change
		**************************************	□Add
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