L22000517052

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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Se vision of Cor			
cub iret		ALTY GROUP, LLC		
SUBJECT	Name of Limited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	n all correspo	ondence concerning this matter	to the following:	
		Justin Fray		
			Name of Person	
		FRAY REALTY GROUP	, LLC	
			Firm/Company	
		7112 crescent creek way		
	Address			
		coconut creek		
			City/State and Zip Code	
		frayfuelenergy@gmail.com		
For further	information o	E-mail address: (oncerning this matter, please of	to be used for future annual report not all:	theation)
Justin Fray			954 242-7817	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	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)
	ailing Addres		Street Address:	wition
	egistration S ivision of C	Section Corporations	Registration Se Division of Co	
	O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRAY REALTY GROUP, LLC

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(<u>Name of the Limited Limbility Co</u> r (A Florida Limit	mpany as it now appears on ou ted Liability Company)	r records.)
	12/00/202	TALL ARATOR
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number 1.22000517052		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
Fray Fuel, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "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 offi agent and/or the new registered office address here:	ce address on our records	, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stred	et address
		Florida
	Ciņ	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my du as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
10.7	Thomain David All War	San Harintan Land
ti C	.manging regotered Agent, <u>Sig</u>	nature 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
		 	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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12.00 A	
(If an effe Note: 1	(optional) ctive 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 605.0201 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
he record ord is file	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
O111 ST 1110	44.
Darie	
Dated_	·
	- HENS
	Signature of a member organized representative of a member
	Justin Fray

Filing Fee: \$25.00