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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155

Phone : (305)226-8727

Fax Number : (786)947-0844

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADRIAN PEREZ SERVICES LLC

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Help

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COVER LETTER

TO: Registration S Division of Co			
Adrian Pc	rez Services LLC		•
SUBJECT:	Name of Lit	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	hmitted for filing	
	ondence concerning this matter		
	Lucia Estrella		
		Name of Person	
	Licenses & Permits LLC		
		Firm/Company	
	8300 w flagler st. Suite 11	4	
		Address	
	Miami, Fl 33144		
		City/State and Zip Code	
	licenses114@gmail.com		
tar finalian in Camanaian		(to be used for future annual report no	ittication)
	concerning this matter, please c	·aii:	
Lucia Estrella	<u> </u>	305 226-8727 at ()	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Section	Street Address: Registration Se	
Division of C	orporations.	Division of Co	rporations

P.O. Box 6327 Taliahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adrian Perez Services LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Flenda	Limited Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on April 3, 2024 and assigned
Florida document number L23000144826	_·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
Frozen King Services LLC	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the new registered
Non-Positive el 4 de 10 01 de 10 de	, εφ Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent und 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.

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ □ Change
			GAdd
			LiRemove
			GChange
			□Add
			□Remove
			DChange
			□Add
			□Re:nove
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			DChange
			
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rd is filed.	//				•
April 3	[/	2024			
Dated April 3	—— <i> </i> _/		. •		
	11 / 1				
	Signature of	a member or authori	zed representative of a	member	
,	f		-		
Adrian R Pc	rez Diaz				
		Typed or printed	name of signee		

Filing Fee: \$25.00