## 123000168400

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(Address)
,
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OCT 2 6 2023





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## **COVER LETTER**

**Registration Section** TO: **Division of Corporations** Frozen Frog, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen Mountcastle Name of Person Frozen Frog, LLC Firm/Company 14529 SR 70 E Address Bradenton/FL 34202 City/State and Zip Code jii1047@jeremiahsice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 739-3589 Stephen Mountcastle Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

Mailing Address:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□ \$60.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23007/8 47/11:45

		45
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company forida document number 423000/68400	were filed on 4/4/2023	and assigned
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or the abl	previation "L.L.C."
nter new principal offices address, if applicable:	1917 Everson St	
Principal office address MUST BE A STREET ADDRESS)	Bradenton/FL 34208	
	***************************************	
nter new mailing address, if applicable:		151 51
Mailing address MAY BE A POST OFFICE BOX)	•	
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, enter the name	e of the new regist
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

## 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.

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
MGR Stephen M	Stephen Mountcastle	1917 Everson St.	
		Bradenton/FL 34208	
			<b>■</b> Change
AMBR Jacob Lopez	Jacob Lopez	2525 Manatee Ave. W	■Add
		Bradenton/FL 34205	□ Remove
		<del></del>	(☐Change
	<del></del>		□Add
			□Remove
		Change	
			□Add
			□Remove
			□ Change
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			☐ Change
	<del></del>		□Add
			□Remove
			□Change

ii amene	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
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<del></del>	
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If an effect <u>Note:</u> If	e date, if other than the date of filing:
e record s rd is filed	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 l.
Dated	Signature of a member or authorized representative of a member  Stepha Mountastic  Typed or printed name of signee
	Signature of a member or authorized representative of a member
	al. Ma da ati
	Stepha "" ount castil

Filing Fee: \$25.00