

L23000168400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 NOV 15 PM 4:54

10/23/23

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frozen Frog, LLC

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:

Steve Mountcastle

Name of Person

Frozen Frog, LLC

Firm/Company

14529 SR 70

Address

Bradenton, FL, 34202

City/State and Zip Code

jii1059@jeremiahhice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Mountcastle

407

739-3589

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

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

TO:

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Frozen Frog, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/4/2023 and assigned
Florida document number L23000168400.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Frozen Frog, Limited Liability Company

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:

1917 Everson St.

(Principal office address MUST BE A STREET ADDRESS)

Bradenton, FL 34208

Enter new mailing address, if applicable:

1917 Everson St.

(Mailing address MAY BE A POST OFFICE BOX)

Bradenton, FL 34208

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:

1917 Everson St.

Enter Florida street address

Bradenton

City

Florida 34208

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

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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>	<u>Type of Action</u>
AMBR	Lisa Mounicastle	1917 Everson St.	<input type="checkbox"/> Add
		Bradenton, FL 34203	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Michael Drew	1805 Everson St.	<input type="checkbox"/> Add
		Bradenton, FL 34203	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jacob Lopez	14529 SR 70 E.	<input type="checkbox"/> Add
		Bradenton, FL 34202	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Joshua Lopez	1917 Everson ST.	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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If the record 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 record is filed

Signature of a member or authorized representative of a member

Stephen Mountcastle

Typed or printed name of signer

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)