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H240003690523ABC+

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BAD INC DBA MIGRATAX USA

Account Number : I20230000146 Phone : (305)978-2476

Fax Number : (305)631-2277

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	••
		 —:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRIMBLY LLC

Certificate of Status	0
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4202 T - VON

T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRIMBLY LLC		
(Name of the Limited Liability Com (A Florida Limite	many as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number <u>L23000179005</u> .	ny were filed on <u>04/11/2023</u>	and assigned
This amendment is submitted to amend the following:		
orida document number L23000179005 nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: te new name must be distinguishable and contain the words 'Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:		
The new name must be distinguishable and contain the words 'Limited Lie	ability 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:		2024 KO
(Mailing address MAY BE A POST OFFICE BOX)		
		3 3 3
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the flew registered
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
	, Florid	la Zip Code
	<i>y</i>	

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.

H240003690523

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
AMBR	Gabriel A Costa Hernandez	25207 Lambrusco Loop Lutz, FL 33559	\exists Add
			□Remove
			Change
			CAdd
			□Remove
			Change
			□Add
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ffective date, if a sn effective date is ! lote: If the date in ocument's effective	ther than the d sted, the date must serted in this blo- e date on the Dep	late of filing be specific and ok does not no partitions of S	g:	date of filing or a	more than 90 days ng requirements	optional) after filing.) Pursu , this date will n	uent to 605.020 ot be listed a
	delayed effective	date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90ជ	day after the
is filed.	th	 1	2024	<u>.</u> . ,	0		
i is filed. November 5	th		2024 Kah	- Vicint	0		
record specifies a d is filed. November 5		ignature of a	Kah	izod representativ	e of a member	······································	

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