

L24000043511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

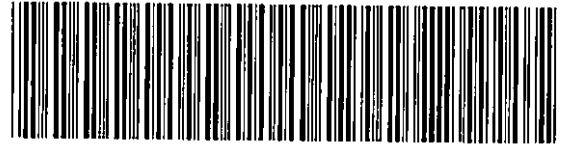
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018/04/15 01:05:00L \$400.00

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2024 APR 15 AM 11:18
CLERK OF STATE
TOLSON, D.C.

Amend

APR 24 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fragman 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:

Grant Greenberg

Name of Person

Fragman LLC

Firm/Company

1411 sw 23rd pl

Address

Ocala, FL, 34471

City/State and Zip Code

ultimate.motivationn@gmail.com

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

For further information concerning this matter, please call:

Grant Greenberg

727 710-0859

Name of Person

at (_____) _____
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

SECRETARY OF STATE
TALLAHASSEE, FL

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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>	<u>Type of Action</u>
AMBR / OWNER	Grant Greenberg	1411 SW 23rd PL	<input checked="" type="checkbox"/> Add
		Ocala, FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR / OWNER	Artem Kuts	543 SE 38th St	<input type="checkbox"/> Add
		Ocala, FL 34480	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Changing ownership percentages of the company due to tax accountant submitting the wrong information.

Grant Greenberg: %50 ownership

Artem Kuts: %50 ownership

Arina Kuts: %0 ownership (on LLC for legal reasons) *(Stays on LLC)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated March 27, 2024



Signature of a member or authorized representative of a member

Arina Kuts

Typed or printed name of signee