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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Fragman L. SUBJECT:	I.C			
SUBJEX.1:	Name of Lin	uted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence 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@gma		203 SE	
		to be used for future annual report notification	2024 APR SECRETALLA	
For further information of	concerning this matter, please c	all:	2 × 15	
Grant Greenberg		727 710-0859	in .	4
Name o	of Person		phone Number	C
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address Registration S	Section	Street Address: Registration Section		
Division of C	orporations	Division of Corpora	tions	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fragman LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recornited Liability Company)	(ds.)
The Articles of Organization for this Limited Liability Com- Florida document number $\frac{1.24000043511}{1.24000043511}$.	pany were filed on 01/23/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	Figs address on our regards out to	2024 APR 15 AM III
agent and/or the new registered office address here:	nee address on our records, enter	the name of the new registr
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addre	245
		lorida
	Cuy	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 fifle, name, and address of each person_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

AMBR/OWNER Grant Greenberg	Address 1411 SW 23rd PL	Type of Action
	Ocala, FL 34471	□Remove
		□ Change
AMBR/OWNER Artem Kuts	543 SE 38th St	□Add
	Ocala, FL 34480	
		□Remove
		□Add
		□Change
		□Add
		□Remove
		🗖 Add
		□Remove
		□Change
		Dadd
		□Remove
		□ Change

Grant Greenberg: %50 owner	uship
Artem Kuts, %50 ownership	
Arma Kuts, %0 ownership (c	on LLC for legal reasons) (Stays on LLC)
-	
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ective date, if other than the reffective date is listed, the date murte: If the date inserted in this blument's effective date on the D	e date of filing:
cord specifies a delayed effectives filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day a
ed March 27	. 2024
14 C/A 2 M	Signature of a member or authorized representative of a member