

L24 000210811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

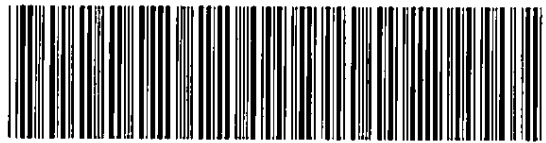
(Business Entity Name)

(Document Number)

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2025-01-27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANDLINGS 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:

ASHA GOLDSCHMIDT
Name of Person

FRANDLINGS LLC
Firm/Company

455 SOUTHAMPTON C
Address

WEST PALM BEACH FL 33417
City/State and Zip Code

asha.goldschmidt@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHA GOLDSCHMIDT at (561) 827 9577
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

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

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>
MGR	ASHA GOLDSCHMIDT	455 Southampton C	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		455 SOUTHAMPTON C	<input type="checkbox"/> Add
		WEST PALM BEACH	<input type="checkbox"/> Remove
		FL. 33417	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

N/A

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 MAY 20, 2024.

Asha Goldschmidt

Signature of a member or authorized representative of a member

ASHA GOLDSCHMIDT.

Typed or printed name of signee