## L24000210811

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
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| PiCK-UP                 | MAIT               | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    | -           |
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05/24/24--01001--003 \*\*25.00



## **COVER LETTER**

TO:

Registration Section

| Division of Corpora  | Pare of Linder S LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  Hence concerning this matter to the following:  ASHA GOLDSCHMIDT  Name of Person  FRANDUNGS LLC  Firm/Company |  |  |   |
|--|---|--|--|---|
| SUBJECT: FR  | AND LI<br>Name of Limi  | NGS LLC ted Liability Company  |  |   |
| The enclosed Articles of Amo   | endment and fee(s) are subr   | mitted for filing.   |  |   |
| Please return all corresponder   | nce concerning this matter t  | to the following:  |  |   |
| -  | ASHA  | GOLPSCH<br>Name of Person  | MIDT   |   |
|  | FRANK   | Firm/Company   |  |   |
| -  | 455 S   | SOUTHAMP FOR Address   | 1 C  |   |
|  | WEST  | PALM BEA   | CH FL  | 33417                                   |
| -  | ashaqo<br>E-mail address (i   | City/State and Zip Code  Cd S Ch m i d t  to be used for future annual report notifie                            | email.   | com                                     |
| For further information conce  |   |  |  |   |
| A SHA G-   | OLD SCHMID  | at (56) 827<br>Area Code Daytime   | 7 9 5 7 7<br>Telephone Number  | _                                       |
| Enclosed is a check for the fo   | ellowing amount:  |  |  |   |
| S25.00 Filing Fee  | 330.00 Filing Fee & Certificate of Status   | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | ☐ \$60.00 Filing F<br>Certificate of<br>Certified Copy<br>(additional copy i | Status &                                |
| Mailing Address:<br>Registration Sec<br>Division of Corp<br>P.O. Box 6327<br>Tallahassee, FL | orations  | Street Address:<br>Registration Sec<br>Division of Corp<br>The Centre of T.<br>2415 N. Monroe<br>Tallahassee, FL | porations<br>allahassee<br>Street, Suite 810                                 | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Frandlings LLC  | FRANDLINGS LL  ny as it now appears on our records.)  Liability Company)                                       |
|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited L  | ny as it now appears on our records.)<br>Liability Company)  |
| The Articles of Organization for this Limited Liability Company Florida document numberL 2400021 0811.  |  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:   |
| The new same must be distinguishable and contain the words "Limited Liabil  |  |
| The new same must be distinguishable and contain the words "Limited Liabil  |  |
| Enter new principal offices address, if applicable:   | \$55 Southimpton C   |
| (Principal office address MUST BE A STREET ADDRESS)   | West Palm Beach, FL 334/7  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | 455 Southampton C West Palm Boach, FL 33417  address on our records, enter the name of the new registered      |
| Name of New Registered Agent:   | . 17   |
| Name of New Registered Agent: NA  New Registered Office Address: NA   | :  |
| New Registered Office Address. N/A-   | Enter Florida street address   |
|   | City Florida Zip Code  |
|   | City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |

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 Address Type of Action Title Name 1 ASHA GOLDSCHMIDT 455 Southampton C XAdd MGR West Palm Beach, FL 33417 Remove 455 SOUTHAMPTON COAdd WEST PALM BEACH DRemove
FL. 33417 \_\_\_\_\_ Change \_\_\_\_\_ Change \_\_\_\_\_ □ Remove □Change

| нап     | sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                |
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|         | ive date if other than the date of filing:  |
| iffect  | ive date, if other than the date of filing:   |
| ote:    | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| locun   | nent's effective date on the Department of State's records.   |
|         | · · · · · · · · · · · · · · · · · · ·   |
| reco    | d 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  |
| d is fi | led.  |
|         |   |
| ated    | MAY 20. 2024<br>Asha Goldschnidt  |
|         | Art - 3. N-n . N/c  |
|         | 175ha Goldschnall   |
|         | Signature of a member or authorized representative of a member  |
|         | ASILA BELLIANIET  |
|         | ASHA GOLDSCHMIDT.  Typed or printed name of signee  |

Filing Fee: \$25.00