L 24000254156

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T. MATTHEWS
JUL 25 2024

COVER LETTER

TO:	Registration Section Division of Corpor	ori Pations	çjie	· •
SUB.#	ect: <u>FRAN</u>	CONDO M Name of Limi	ANA GEMENT ited Liability Company	L.L.C.
The er	nclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		FRANCIS	CHAO Name of Person	1-9
			Firm/Company	
			Address	
	_	CORDL SPR	City/State and Zip Code ANKS AUT & BROK to be used for future annual repo	73071 ER. COM
For fu		erning this matter, please ea		nt notification)
F	NAME of Pe	rson - T	at (954) 6	50-0931 Daytime Telephone Number
Enclos	sed is a check for the fe	ollowing amount:		
5 ⊅ \$2	25.00 Filing Fee (□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Addre	288:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANK CONDO MANAGEMENT LLC

OF A PURE TO THE PERSON

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>06</u> Florida document number <u>L24000254156</u>. 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" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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>	Address	Type of Action
MGR	FRANCIS CHAO	1765 GAGLE TRAKE BUV	<u>2_</u> 2∕0∧dd
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