L24000415544

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:	FROSTICO	USA, LLC			
SOBVECT.		Name of Lin	nited Liability Company	_	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		ALVARO CAMPS			
			Name of Person		 -
		FROSTICO USA, LLC			
			Firm/Company		
		2655 S LE JEUNE ROAD	, SUITE 304		
			Address		
		CORAL GABLES, FLOR	JDA 33134		
			City/State and Zip Code	-	
		alvarocamps@businessusas	solutions.com		
		E-mail address: (to be used for future annual report not	ification)	
For further is	nformation c	oncerning this matter, please o	all:		
ALVARO (CAMPS		786 3271688 at ()		
	Name o	f Person		e Telephone	Number
Enclosed is a	s check for th	ne following amount:			
≡ \$ 25.00 E	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection		
Div	vision of C	orporations	-	Division of Corporations	
	D. Box 632			The Centre of Tallahassee	
ı al	llahassee, I	さし 32314	2415 N. Monro	e Street, S	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FROSTICO USA, LLC

(Name of the Limited Liability Company as It now appears on our records.)

(A Florida Limited Liability Company)

	ability Company were filed on 9/24/2024 in and assigned
Florida document number 1.24000415544	- -
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
LPP GROUP HOLDINGS, LLC	
The new name must be distinguishant and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable:	
<u>(Mailing address MAY BE A POST OFFICE B</u>	<u> </u>
TO TO 11 11 11 11 11 11 11 11 11 11 11 11 11	
agent and/or the new registered office address Name of New Registered Agent:	
agent and/or the new registered office address	
agent and/or the new registered office address Name of New Registered Agent:	Enter Florida street address
name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City· Zip Code
agent and/or the new registered office address Name of New Registered Agent:	Enter Florida street address , Florida City: Zip Code

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
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
			
			□Remove
			□ Change
			□ Add
			□Remove
			Change

-	
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	•
_	
Effective	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documen	t's effective date on the Department of State's records.
	Constitution of Control of the Control of Co
ord is filed	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 l.
Dated	0/11/2024
	- John Jan
	Signature of a member of suthorized representative of a member

Filing Fee: \$25.00