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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
SUBJECT:	Freedom Mari	keting Strategies, LLC	,
SUBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
		Allison B. Tutwiler	
		Name of Person	
	Freedo	m Marketing Strategies, L	LC
		Firm/Company	
	6012	Printery Street, Suite 10	8
		Address	
		Tampa, FL 33616	
	A 11°	City/State and Zip Code	
	E-mail address:	on.Tutwiler@CMML.com (to be used for future annual report no	otification)
For further information of	concerning this matter, please	call:	
	on B. Tutwiler	at (_813 )	833-1230
Name of Person		Area Code & Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
<b>√</b> \$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 & Sed) Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Free(Name of the Limit	om Marketir	ng Strategies, LLC	
(Name of the Limite	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L1100002	• • •	y were filed on <b>February 28, 2011</b> and assigned	
Torrida document number	· · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
Allimar	Marketing & P	Public Relations, LLC	
The new name must be distinguishable and end w "L.L.C."	vith the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation	or
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>		
T			
B. It amending the registered agent and registered agent and/or the new registered of		ffice address on our records, enter the name of the ne	<u> </u>
	<u>-</u>	- TAS →	
Name of New Registered Agent:	N/A	LCR A	
New Registered Office Address:	N/A	HAS:	
		Enter Florida street address	
		Florida 🗝 🐷	
		City Zip Code	
<u>New Registered Agent's Signature, if changing</u>	Registered Agent	<u>:</u>	
the provisions of all statutes relative to the accept the obligations of my position as reg	proper and comp gistered agent as cregistered office	ree to act in this capacity. I further agree to comply with plete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited liability	1
	16.01	nging Registered Agent, Signature of New Registered Agent	
	II Cha	inging Registered Agent, Signature of New Registered Agent	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Actio
	<u>ivanic</u>	Auuress	Type of Action
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If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
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ted	March 15, 2011. 20	Batule	

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Filing Fee: \$25.00