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A COLUMN TO THE PERSON TO THE



COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

OUB ICOT.	HAVEN, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	Edson Thomas		
		Name of Person	-
		Firm/Company	
	401 Skyview Pl		
		Address	
	Chuluota FL 32766		
	edsonthomas@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Edson Thomas		646 549-1726 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREIGHT HAVEN, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 05/06/2021	and assigned
lorida document number L21000212955		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited ligh	ility company here:	
/ERDISURE, LLC		
he new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		-1 2
		25 m
		AR CHARLES
nter new mailing address, if applicable:		
		P
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Nings of Nings Danishand Amount		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	Flo	orida
	City	Zip Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager - Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
	-		□Add
			□Remove
			□ Change
			□Add
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			□Remove
			□Change

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Filing Fee: \$25.00