

L220000308992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

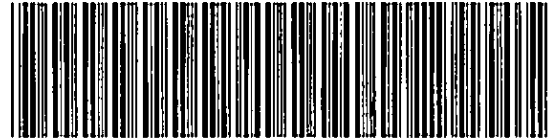
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN 17 09:49
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freedom Is Possible LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yenifer Almarales
Name of Person

Firm/Company

3615 Fountain Mist Dr unit 102
Address

Tampa, 33614
City/State and Zip Code

yen.almarales@gmail.com
E-mail address: (to be used for future annual report notification)

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 ST. LUCAS COUNTY, OH
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For further information concerning this matter, please call:

Ethan Park at (435) 215-4299
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 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**

Freedom Is Possible LLC

(Name of the Limited Liability Company, as it now appears on our records,
or Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06-11-2022 and assigned Florida document number LL2000008992

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 word "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3625 Fountain Mist Dr, Unit 101
Tampa, 33614

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3625 Fountain Mist Dr, Unit 101
Tampa, 33614

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:

Yenifer Amaraies

New Registered Office Address:

3625 Fountain Mist Dr

Tampa, FL 33614

Tampa, Florida 33614

City

Post 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.

Yenifer Amaraies
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rolando Garcia Ching	3625 Fountain Mist Dr, Unit 101 Tampa FL 33614	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter changes here: (Attach additional sheets, if necessary.)

The purpose of this business is the transaction of any and all business that can be legally transacted in the state

of Florida

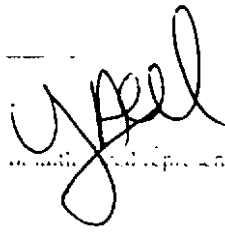
E. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing in Paragraph 6.05(2)(b), 12(b).

Note: The effective date of this document is the date of filing with the Department of State's records.

_____ record is filed

Dated: _____



Signature of a member or an authorized representative of a member

Member Address

Typed or printed name of filer

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-FED