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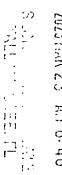
(Requestor's Name)	
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PICK-UP WAIT	MAIL
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Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	
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COVER LETTER

	gistration Se ision of Cor			
	Set Free Lif	e LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and feets) are sub	omitted for filing.	
Please return	aff correspo	ndence concerning this matter	to the following:	
		Kim Castrillon		
		•	Name of Person	•
		Set Free Life LLC		
			Firm/Company	=
		250 Jacaranda Dr. 812		
			.Address	-
		Plantation, Fl. 33324		
			City/State and Zip Code	
		kimcast1@gmail.com		2023 KAR
		E-mail address: (to be used for future annual report notification)	
For further in	ກໃນເຄາະເນືອກ ຕ	oncerning this matter, please o	all:	23
Kim Castrill	on		954 347-2927 at ()	
	Name of	f Person	Area Code Daytime Telephone Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
	iling Addres		Street Address:	
	gistration S	Section orporations	Registration Section Division of Corporations	
	D. Box 632	· -	The Centre of Tallahassee	
	llahassee, I		2415 N. Monroe Street, Suite 8	310

Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ecords.)
2023 and assigned
"LLC" or the abbreviation "L.L.C."
26. 26.
15 7 84
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(.)
- 11 4 -
11: 5
uter the name of the new regist
eddress
, Florida

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			
			☐ Change
			☐ Remove
			□Remove
			DCnunge
.			□ Add
			Remove
		····	Change
			DAdd
			□ Rепкоче
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Page 3 of 3

Filing Fee: \$25.00