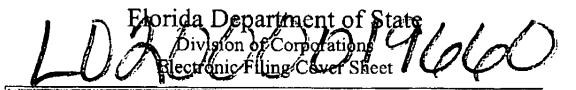
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000312216 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BAND LAW GROUP, PL.

Account Number : I20090000020

Phone : (941)917-0505

Fax Number : (941)917-0506

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Fmail Address:					
	Conil	Addooces			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FREEDOM REAL ESTATE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

9

(FAX)941 917 0506

| Audit #(((H18000312216 3)))

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FREEDOM REAL ESTATE SERVICES LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 08/02/2002	and assigned
Florida document number L02000019660		
This amendment is submitted to amond the following:		5)
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	Lisbility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ලා
(Principal office address MUST BE A STREET ADDRES	<u> </u>	= =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	····
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	. Florie	dn
	City , 1 101.	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 Changing Registered Agent, Signature of New Registered Agent

<sup>1</sup>Audit #(((H18000312216 3)))

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
MGR	KATHRYN HOPKINSON	2475 Magnolia Circle	
		North Port, FL 34289	¥ Add
			☐ Remove
			Change
	<u> </u>		
			☐ Remove
			Change
			Add F
			0 1:
			Remove
			Change
		·	Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change

Typed or printed name of signee

GREGORY S. BAND, ESQ., AUTHORIZED REPRESENTATIVE

ignature of a member or authorized representative of a member

Page 3 of 3
Filing Fee: \$25.00