## L04000030845

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800346764628

06/24/20--01009--007 \*\*35.00

2020 JUN 25 PM 3: 36
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

FILED

Y SUI **KE**R JUN 2 5 2029



June 25, 2020

KENNY DUBUISSON 20855 NE 16TH AVE C #5 MIAMI, FL 33179

SUBJECT: STREET SCIENCE ENTERTAINMENT, LLC

Ref. Number: L04000030845

We have received your document for STREET SCIENCE ENTERTAINMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00012552

Terri J Schroeder Regulatory Specialist III

www.sunbiz.org

## 🚁 🕟 COVER LETTER

	tegistration Se Division of Cor					
C11 (112 112 272)	STREET SCIENCE ENTERTAINMENT, LLC					
SUBJEC	l:	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub-	nitted for tiling.			
Please reti	arn all correspo	indence concerning this matter t	to the following:			
		Dubuisson, Kenny				
			Name of Person			
		FREE KONCEPT LLC				
	Name of Person					
		20855 NE 16th AveC5				
Address						
			City/State and Zip Code	···		
		E-mail address: (t	o be used for future annual report no	ntification)		
For furthe	r information c	oncerning this matter, please co	ill:			
RAQUEL	. CAVE		954 3993326			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed	is a check for th	he following amount:				
<b>■</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	∑ S55 00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (auditional copy is enclosed)		
	Mailing Addres		Street Address: Registration S	ection		
[	Division of C	Corporations	Division of Co	orporations		
	2.O. Box 632 Fallahassee.		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STREET SCIENCE ENTERTAINMENT, LLC		
( <u>Name of the Lamited Liability Comp</u> (A Florida Limited	pany as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.04000030845}{1.04000030845}$ .	y were filed on <u>04/21/2004</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
FREE KONCEPT, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	SECRETARY OF DE TATE  ANTACATASSILE. OF DE TATE  he name of ORIOA  he name of ORIOA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	Cay	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:

MGR = -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			[](Thange
			□Add
			□Remove
			☐ ☐ Change
			□Add
			□Remove
			□Remove
			□Remove
			□Change
		U-15-15-15-15-15-15-15-15-15-15-15-15-15-	□ Add
			□Remove
			TChange

-	
-	
•	
-	
•	
Note.	ive date, if other than the date of filing:
e reco rd is f	d specifies a delayed effective date, but not an effective time, at 12·01 a.m. on the earlier of: (b). The 90th day after the led.
Dated	JUNE 25 2020

Filing Fee: \$25.00

Typed or printed name of signee