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(Req	uestor's Name)	
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K. SALY FEB 27 2017

## **COVER LETTER**

Division of Co			
Freedom F	irst LLC	r s · š	
ORTEC1:	Name of Lin	nited Liability Company	<del> </del>
<b>*</b> 43			
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	Art King		
		Name of Person	
	Freedom First LLC		
		Firm/Company	
	11370 SE 92nd Ct		
		Address	<del></del>
	Belleview FL 34420		
		City/State and Zip Code	
	ARTHUR KING	593 @ YAHOO · CON (to be used for future annual report not	7
For further information	concerning this matter, please		incation)
Art King		352 266-3889	•
Name	of Person	352 266-3889 	ne 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)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUR Registration Section Division of Corportion Building 2661 Executive Countries Tallahassee, FL 3	Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 FEB 24 PM 3: 10

SECKETARY OF STATE
ALLAHASSEE, FLORIDA

Freedom First LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/21/14 and assigned 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 words "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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

## 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

<u>Title</u>	Name	Address	Type of Action
AMBR	JAMES HALL	10137 SE 126TH PL BELLEVIEW	<b>B</b> Add
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ctive date, if other than the date offective date is listed, the date must be: If the date inserted in this block iment's effective date on the Department.	e specific and cannot be prior does not meet the applications.	r to date of filing or more cable statutory filing t	(option than 90 days after fi requirements, this o	ing.) Pursuant to 605.020
record specifies a delayed ene 90th day after the recor		ot an effective tin	ne, at 12:01 a.i	m. on the earlier o
ed	, 2017			
	Att CC			
	m my	norized representative o		

Page 3 of 3

Filing Fee: \$25.00