L05000079462

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





200095539732

04/04/07--01021--026 **25.00

TILED

2001 APR -u P 2: 2:
SECRETARY OF STATE
ALLAHASSEF F STATE

AL

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T: Freeport Communication	ns LLC
		mited Liability Company)
The encle	osed Articles of Amendment and fee(s) are sub	mitted for filing.
Please re	turn all correspondence concerning this matter	to the following:
	Jay A Odom	
	G	Name of Person)
	Waters Edge Buildir	
	(Firm/Company)
	4652 Gulfstarr Dr.	Firm/Company) SECRETARY (Address)
		(Address) SEE
	Destin, FI 32541	
	(City/	State and Zip Code) Z: Z: Z: Z: Z: Z: Z: Z: Z: Z
Con forms		
ror lurun	er information concerning this matter, please c	RII:
-	Kelly Williams	at (850) 654 4126 ext 6
	(Name of Person)	(Area Code & Daytime Telephone Number)
/		
/	s a check for the following amount:	
	Filing Fee \$\ S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	reeport Communications LLC	
	(A Florida L	Present Name) amited Liability Company)
FIRST:	The Articles of Organization were filed or document number _L05000079462	8/12/05 and assigned
SECOND:	This amendment is submitted to amend the	e following:
	I hereby am familar with and acco	ept the duties and responsibilities as registered
	agent for said Limited Liabili	ty Corporation.
	Please fromally remove th	e follwoing Managing Members:
	George R. Smith, Robert	V Smith, James R. Smith ≥ ∞ ≥
	and leave the remaining Manag	ing Member as the sole Managing Member
Waters Edge Building Comp		pany ASSE
		pany SSE T
		STA:
Dated 3	-22 .0	DA 27
	M	
	Signature of a member or	authorized representative of a member
	Say A.	odon
	[Typed or	printed name of signee
	•	

Filing Fee: \$25.00