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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

W. Scott Turnbull, Esquire / LAR

Account Name : CRARY, BUCHANAN, BOWDISH, ET AL

Account Number : 076424001425 Phone : (772)233-4602 Fax Number : (772)223-4378

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

brent@rioservices.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FREEDOM PORTABLES, LLC

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Help

(((H21000184761 3))) **COVER LETTER**

ļ, TO: Registration Section **Division of Corporations** Freedom Portables, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	W. Scott Tumbull, Esquire	
	Name of Person	
	Crary Buchanan, PA	- 4 J
	Firm/Company	
	759 SW Federal Highway, Suite 106	:
	Address	
	Stuart, FL 34994	
	City/State and Zip Code	
	brent@rioservices.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Lou Ann Rutkowski	772 233-4602 at ()	
Name	of Person Area Code Daytime Telephone N	iunber

Enclosed is a check for the following amount:

S25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fcc. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(((H21000184761 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FREEDOM POR				
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	ds.)		
The Articles of Organization for this Limited L	iability Company	were filed on 07/12/2006		and as	signed
Florida document number L06000069277	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
European Portables, L.L.C			·		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LL	C" or the abbrev	دے	L.L.C."
Enter new principal offices address, if applic	able:	1098 Kubin Avenue		21.5	(<u>:</u>
(Principal office address MUST BE A STREI		Jensen Beach, FL 34957	i-i-i-i		ردستسن ۱۳۰۶ م
			= - :-		0
			- 100	70	, i i
Enter new mailing address, if applicable:		1098 Kubin Avenue		.s:=	نريب .
emer new maning address, it application. (Muiling address <u>MAY BE A POST OFFICE</u>	ROY	Jensen Beach, FL 34957	.2.0	ເນ	
Multing duaress MAT BL AT OST OTTTEL	<u>1000)</u>				
3. If amending the registered agent and/or agent and/or the new registered office addre	ss <u>here</u> :		r the name of	the ne	ew regis
Name of New Registered Agent:	Marshall B. W	addell		_	<u> </u>
New Registered Office Address:	1098 Kubin Av	/enue	<u></u>		
		Enter Florida street addre	322		
	Jensen Beach	, F	lorida <u>34957</u>	<u></u> ,	
		City	7	ip 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.

Marshall B. Waddell

If Changing Registered Agent, Signature of New Registered Agent

(((H21000184761 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

	<u>Title</u>	<u>Name</u>	Address	Type of Action
				□Remove
				Change
Change C				
Change				P PRemove
Change				PAGE 52
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				□Remove
				Change
				
				

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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of	(optional)
effective date is listed, the date must be specific and cannot be prior to date of the: If the date inserted in this block does not meet the applicable statu	
sument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day a
s filed.	,,
May 1 2021	
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ed	
ed May 4 2021 Marshall B. W.	addell

Filing Fee: \$25.00