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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: FREITAX RASSOCIATES; LLC					
(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:					
TITO S. FREITAS (Name of Person)					
(Name of Person)					
TITO S. FREITAS					
· · · · · · · · · · · · · · · · · · ·					
S448 HOFFNER AUE; SaiTE 20)					
(Address)					
ORLANDO, FC, 32812					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
TITO S. FREITAS at (40) 668-7367					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\sim \$\subset\$\$\$\subset					

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

DIVISION OF CORPORATIONS 08 AUG 25 PM 2: 20

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREITAX R ASSOCI	ATES; LEC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 20800022749	were filed on $\frac{3/3}{2008}$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SHY8 HOFFNER AVE SOITE ZOT ORCANDO; FC; 32812			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	P.O. BOX 621415 OR(ANDO FLORIDA; 32862			
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:				
•	0 0 0			

Name of New Registered Agent

New Registered Office Address:

5448 HOFFNER AVE: SUITE 207 (Enter Florida street address)

ORLANDO, Florida 328/2 (City) (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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRH	ALLISON FREITAS	2132 CENTRAL FLORIDA PARKWAY: C-6 ORLANDO: FL; 32837	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
-			
Dated	A464ST 18, 3	2008///	
	<u> 7770 8.</u>	mber of authorized representative of a member PRETA ped or printed name of signee	

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Filing Fee: \$25.00