## LU9000021381

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

Office Use Only



400159357254

08/14/09--01020--009 \*\*25.00



B. KOHR

AUG 18 2009

EXAMINER

## **COVER LETTER**

	ion Section of Corporations	•		
SUBJECT:	Pathway Pro	pperty Solutions LLC		
SUBJECT:		operty Solutions LLC nited Liability Company  abmitted for filing.  er to the following:		
The enclosed Artic	eles of Amendment and fee(s) are su	abmitted for filing.		
Please return all co	prrespondence concerning this matter	er to the following:		
	Jamie Mailhot Name of Person			
		FreedomWise LLC		
		Firm/Company		
	12472	Lake Underhill Rd. Suite 400		
		Address		
		Orlando, FL 32828		
		City/State and Zip Code		
	E-mail address:	amiemailhot@aol.com (to be used for future annual report notification)		
For further inform	ation concerning this matter, please	call:		
Jamie Mailhot  Name of Person		at ( 407 ) 466-9233  Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount:			
\$25.00 Filing 1	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & 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		

## TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF AMENDMENT Pathway Property Solutions LLC
(Name of the Limited Liability Company as it now appears or

(A)	Florida Limited I	Liability Company)	on our records.		
The Articles of Organization for this Limited Lia	bility Company	were filed on	3/4/2009	and assigned	
Florida document numberL090000213					
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
	FreedomW	/ise LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company	," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:		12472 Lake Underhill Rd. Suite 400			
(Principal office address MUST BE A STREET	ADDRESS)	Orlando, FL 32828			
Enter new mailing address, if applicable:		12472 Lake Underhill Rd. Suite 400			
(Mailing address MAY BE A POST OFFICE B	Orlando, FL 32828				
B. If amending the registered agent and/or registered agent and/or the new registered offi			r records, enter t	he name of the new	
Name of New Registered Agent:			<del></del>		
New Registered Office Address:	New Registered Office Address: 12472 Lake Underhill Rd. Suite 400				
		Enter Florida street address			
		Orlando	, Florida	32828	
		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 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:

	= Manager 1 = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			——————————————————————————————————————
			Remove
			Domovo
			Remove
D. If a	mending any other informatio	n, enter change(s) here: (Attach additional sheet	ts, if necessary.)
	1 12	00.0	
Dated_	Angust 12	Jamie Millat	
	Signa	1	mber
		Jamie Mailhot Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00