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(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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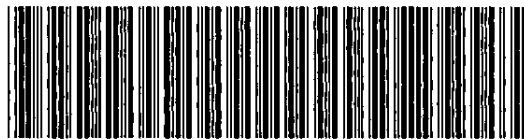
A

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DEC 18 2012

EXAMINER



700242229897

12/17/12--01012--004 **25.00

FILED
12 DEC 17 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREEDOM COMPUTERS, 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:

ROBERT M. HIGGINS
Name of Person
FREEDOM COMPUTERS, LLC
Firm/Company
5361 HAWKS LANDING DRIVE APT 104
Address
FORT MYERS, FL 33907
City/State and Zip Code
ROBERT @ FREEDOM COMPUTERS.NET
E-mail address: (to be used for future annual report notification)

FILED
12 DEC 17 PM 1:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

ROBERT M. HIGGINS at (239) 573-7354
Name of Person Area Code & Daytime 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)

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**

FREEDOM COMPUTERS, LLC

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

FILED
12 DEC 17 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 23, 2009 and assigned
Florida document number L09000028140

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 end with 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)

5361 HAWKS LANDING DRIVE
APT 104
FORT MYERS, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5361 HAWKS LANDING DRIVE
APT 104
FORT MYERS, FL 33907

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

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEVEN C. SHILLING	1043 SE 11 th STREET	<input type="checkbox"/> Add
		CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

DECEMBER 11, 2012

Signature of a member or authorized representative of a member

ROBERT M. HIGGINS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00