L09000094108

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PICK-U	P WAIT MAIL
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	(Business Entity Name)
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EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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mining for the

COVER LETTER

TO:	Registration Sect Division of Corpo			
CUID TE	ı.can.	Freedom Avenu	ue Project LLC	
SUBJE	.C1:	Name of Limi	ited Liability Company	_
		mendment and fee(s) are sublence concerning this matter	-	
		Cynthia R:	iddell, Esq.	
			Name of Person	
		Riddel	1 Law Group	
			Firm/Company	200 TAL TAL
		3400 S. Tami	ami Trail, Suite 202	2009 OCT - SECRETAR TALLAHAS
		Sarasota,		SE C
			City/State and Zip Code	PHIZ: 13 OF STATE (E. FLORID)
For fur	ther information con	E-mail address: (cerning this matter, please c	to be used for future annual report notification)	3
		hia Riddell	at ()	
•	Name of P	erson	Area Code & Daytime Telephone Nur	mber
Enclose	ed is a check for the	following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ficate of Status & ified Copy itional copy is enclosed)
	Registrati	G ADDRESS: on Section of Corporations 6327	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building	S:

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom Avenue			
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on of a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on Sept.	29, 2009	_ and assigned
Florida document number <u>L09000094108</u>	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the	he designation "LLC	
'L.L.C."		TAL	2009 TI
Enter new principal offices address, if applicable:		>2	8 TI
Principal office address MUST BE A STREET ADL	DRESS)		1
		SEC.	- m
		FLC	
Enter new mailing address, if applicable:		OR S	> -
(Mailing address MAY BE A POST OFFICE BOX)		्र र	
B. If amending the registered agent and/or regi	istered office address on our re	ecords, enter the	name of the nev
registered agent and/or the new registered office ad		ceorus, <u>enter tire</u>	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street addres:	3
		, Florida	
	City	2	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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	John Caruso	4290 Brackenwood Court	⊠ Add
		Sarasota, FL 34232	Remove
			Add D
			Remove
			Add Remove 2009
			100 OC 10
			Remove
			FF SE AGE
			<u> </u>
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary	v.)
_	,		
_		7	
Dated		<u></u>	
	Signature of a men	mber or authorized representative of a member	
	7 (21 - C T)	/ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00