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(Ac	dress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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G. MCLEOD

FEB - 6 2012

**EXAMINER** 



400219250584

02/03/12--01021--020 \*\*30.00

12 FEB -3 PM I2: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations
SUBJECT: FREEDOM CITY 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:
Thomas Kurek
Name of Person
Firm/Company
5600 Harding Street
Address
-Hollywood, FL 33021  City/State and Zip Code
Tomkurek & 10 Bmail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Kurek at (56), 654-7588
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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	CITY L	LC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)								
The Articles of Organization for this Limited Lia Florida document number LIDDDD 2	bility Company w	vere filed on	111/2010	and assi	gned			
This amendment is submitted to amend the follow	wing:			B -	disambinati en trapambin el E			
A. If amending name, enter the new name of	the limited liabil	ity company here	:	PHIZ				
The new name must be distinguishable and end with "L.L.C."	the words "Limite			)j-	,			
Enter new principal offices address, if applica	ble:	5600	Harding 1000, FL	Street	上			
(Principal office address MUST BE A STREET	ADDRESS)	Hollyw	100d, FL	330 <del>2</del> /				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	5000 F -Hollywo	tarding Od, FL	Stree 7 3302/	<i></i>			
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:  Thomas Kurlk  5000 Harding Strlet  Enter Florida street address  Hollywood  City  Thomas Kurlk  5000 Florida 33001  Zip Code								
Enter Florida street address								
	Fruigu	City	, Florida _	Zip Code				
New Registered Agent's Signature, if changing Re	egistered 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 Type of Action Title MGR Martyka Wavarro 447 NE 195 Street No. 419 and World Marry Black, FL Treemo **Name** Add Remove Add ☐ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00