L-110000045668

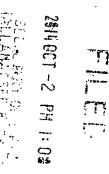
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COVER LETTER

TO: Registration Solution of Con			
19 D	andelion Wate	ercolor LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JoAnn Habb	oas	#2). 15
	-	Name of Person	
		Firm/Company	
	13455 Noel	Road, Suite 230	0 % 3
		Address	9 r.
	Dallas, TX 7	'5240	
		City/State and Zip Code	
	jhabbas@riskthed	-	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
JoAnn Hab	bas	_{at} 469 310-9	200
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

19 Dandellon vvatercolor (Name of the Limited I	-	ny as it now appears on our a liability Company)	records.)	_
The Articles of Organization for this Limited Liabi Florida document number <u>L11000045668</u>				l assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	<u>e limited liabi</u>	lity company here:		
NA				
he new name must be distinguishable and end with the word	ds "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation	one b.L.C."
Enter new principal offices address, if applicable:		13455 Noel Roa	id 💯	
Principal office address MUST BE A STREET ADDRESS)		Suite 2300	**************************************	<u>-</u>
		Dallas, TX 7524	0 篇7	N #
Enter new mailing address, if applicable:		NA		
<u> Mailing address MAY BE A POST OFFICE BO</u>	<u>X)</u>			<i>(</i> 28)
B. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:			cords, enter the nar	me of the n
	1614 Penn	nsylvania Avenue,	Unit 1C	
New Registered Office Address:	1014 Felli	Enter Florida street		
1	Miami Bea	ich	_, Florida <u>33139</u>	

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Wilburn, Bryan	4939 Manson Ct	
			Remove
		Dallas, TX 75229	
AMBR	Freedom Markets, LP	13455 Noel Road	= Add
		Suite 2300	Remove
		Dallas, TX 75230	Remove
MGRM	Freedom Market, LP	4939 Manson Ct	D Add
			Remove
		Dallas, TX 75229	# G
·			
			□ Remove
			· · · · · · · · · · · · · · · · · · ·
			Add
			Remove
			Add
			□ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the date of filing: O47, 2014 (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
the date this document is filed by the Florida Department of State) Dated Mary Sept. 2014.		
Signature of a member or authorized representative of a member	75.	415 7-7
Bryan Wilburn - Authorized Signatory		2 5 14.0CT
Typed or printed name of signee)61 -2 PH k: 0

Page 3 of 3

Filing Fee: \$25.00