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EXAMINER

COVER LETTER

TO: Registration Section Section Division of Corporations

SUBJECT:

FREE PHONE PROJECT, 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:

Ely W. Sluder, Esq.

Name of Person

Rayndon Law Group, PLC

Firm/Company

1802 Carriage Hill Dr.

Address

Wall, NJ 07719

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ely W. Sluder

Name of Person

_{.,}480 **359-758**3

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)

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

FREE PI	HONE PROJECT LLO	<u> </u>	
(<u>Name of the Limited Liabif</u> (A Florid	<mark>ity Company as</mark> it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	• •	03/12/2012	and assigned
Florida document number L12000034455			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li-	mited liability company here	:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compan	y," the designation "I	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		₹:
	<u></u>		Σ̈́, ω
Enter new mailing address, if applicable:			28
(Mailing address MAY BE A POST OFFICE BOX)	**************************************		Light D (II)
	<u></u>		
B. If amending the registered agent and/or reg			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on ou Idress here:	ur records, <u>enter t</u>	he mame of the new
registered agent and/or the new registered write ad	taress nere.		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Ente	er Florida street add	ress
	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:

	= Manager 1 = Managing Member		
<u>Title</u>	Name	Address	Type of Actio
MGRN	M KALIKA, ILEAH	12367 N 120th PLACE SCOTTSDALE, AZ 85259	Add Remove
	_		□ Domous
	· .		□ D
	·		□ n
			
D. If ar	mending any other information, en	nter change(s) here: (Attach additional sheets, if n	13 JAN 28 PH 4: 10 35 UKL 14 KY UF SIME JALLAHASSEE FLORID
Dated _	,	of a member or authorized representative of a member	RIDA
		ILEAH KALIKA Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00