

L13 000098622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

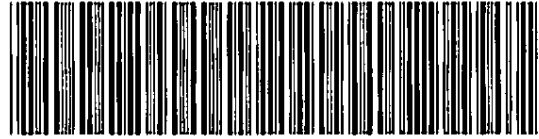
(Business Entity Name)

(Document Number)

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2/3/21
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freedom Filters, 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 A. Cortina
Name of Person

Firm/Company

1911 nw 1st street
Address

Cape Coral, Florida 33993
City/State and Zip Code

cortina robert@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert A. Cortina at (708) 821-7638
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Freedom Filters, LLC

(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 Liability Company were filed on _____ and assigned
Florida document number L13000098622

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 contain 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)

1911 NW 1st Street
Cape Coral, FL 33993

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Robert A. Cortina

New Registered Office Address:

1911 NW 1st Street

Enter Florida street address

Cape Coral, Florida 33993

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 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.

Robert A. Cortina

If Changing Registered Agent, Signature of New Registered Agent

File	Size	Permissions	Owner	Group	Mode	File	Size	Permissions	Owner	Group	Mode
1	100	rw-rw-rw-	root	root	0666	1	100	rw-rw-rw-	root	root	0666
2	200	rw-rw-rw-	root	root	0666	2	200	rw-rw-rw-	root	root	0666
3	300	rw-rw-rw-	root	root	0666	3	300	rw-rw-rw-	root	root	0666
4	400	rw-rw-rw-	root	root	0666	4	400	rw-rw-rw-	root	root	0666
5	500	rw-rw-rw-	root	root	0666	5	500	rw-rw-rw-	root	root	0666
6	600	rw-rw-rw-	root	root	0666	6	600	rw-rw-rw-	root	root	0666
7	700	rw-rw-rw-	root	root	0666	7	700	rw-rw-rw-	root	root	0666
8	800	rw-rw-rw-	root	root	0666	8	800	rw-rw-rw-	root	root	0666
9	900	rw-rw-rw-	root	root	0666	9	900	rw-rw-rw-	root	root	0666
10	1000	rw-rw-rw-	root	root	0666	10	1000	rw-rw-rw-	root	root	0666

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

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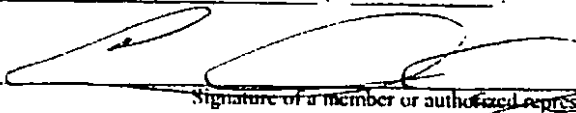
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____


Signature of a member or authorized representative of a member

Christopher M. Cox
Typed or printed name of signee

Filing Fee: \$25.00