L13000120347

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
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SECRETARY OF STATE

DEC 1 5 2015

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COVER LETTER

TO:	Registration and Control of Control			
CUDIE		Florida freedom Realty, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	· ·
		·		•
The enc	losed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		Garrett Miller		
			Name of Person	
		Pinellas Florida Freedom I	Realty, LLC	
			Firm/Company	
		8170 61 lane		
			Address	
		Pinellas Park, Florida, 337	81	
			City/State and Zip Code	
		gmiller96@tampabay.rr.cor E-mail address: (m to be used for future annual report notif	ication)
For furt	her information	concerning this matter, please ca	-	
Garrett	Miller		727 424-5186	
	Name	e of Person		Telephone Number
Enclose	d is a check for	r the 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

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L13000120347	Company were filed on and assigned
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 contain the words "Li	imited 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 ADL	DRESS)
Enter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	•
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	ristered office address on our records, <u>enter the name of t</u>
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	
registered agent and/or the new registered office ad Name of New Registered Agent:	ldress here:

If Changing Registered Agent, Signature of New Registered A

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Claudia Ollander		Add
		•	□ Remove
		1103 ROYAL TROON CT. Tarpon Springs, FL, 34688	(change of addiess)
·			Add
			Remove
			☐ Change
			Add
			□ Remove
		A	Change
			Add
			□ Remove
			☐ Change
	<u>·</u>		
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
		OF S	
		ORIDA	Remove

Claudia Ollander is to have a 5% i	interest in Pinellas Florida Freedom R		
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	e of filing:	(optional)	
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Filing Fee: \$25.00