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12/21/2022

COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: Flee	lom Renema	tions UC	
SUBJECT		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Charles	KCRCIRC JC Name of Person	
		Firm/Company	
	Face Time		
	<u> </u>	Meclake DC.	
	Defuniax	Sainas FL 3	2435
	Freedom Cenove E-mail address:	Ut. UISTSO Q QIIV. to be used for future annual report not	(1) (0) M
For further information co	ncerning this matter, please c		
Charks 16	Ceya J	at (<u>\$50</u>) <u>- 333 -</u> Area Code Daytin	-1103 ne Telephone Number
Enclosed is a check for the			
□ S25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Se Division of Co	
P.O. Box 6327 Tallahassee, F	7	The Centre of	•
i ananassee, f	L 22314	Tallaharwa El	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Freedom	Renervations LLC	2022 OCT -3 PM 5: 44
(Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number 130017 44		SECRE TALLA HASSEE, FL and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the CONSTOCK The new name must be distinguishable and contain the word Enter new principal offices address, if applicable Principal office address MUST BE A STREET	is "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet address
		, 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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
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(If an effective Note: If the	ate, if other than the da date is listed, the date must be e date inserted in this block effective date on the Depa	specific and cann does not meet t	iot be prior to da the applicable	e of filing or more	(optio than 90 days after quirements, this	filing.) Pursuant to 6	505.0207 (3 isted as th
he record spo ord is filed.	cifies a delayed effective da	ate, but not an e	ffective time,	it 12:01 a.m. on i	he earlier of: (b)	The 90th day a	fter the
Dated							
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