## 14000013079

| (Re                       | questor's Name)   |             |
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| Certified Copies          | Certificates      | s of Status |
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| Special Instructions to I | Filing Officer:   |             |
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Office Use Only



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## **COVER LETTER**

| Div                               | ision of Cor    | porations                                    |   | <b>"</b>   |
|-----------------------------------|-----------------|--|---|--|
| SUBJECT:                          | Freedom Pre     | ocess Net, LLC                               | •   |  |
| Name of Limited Liability Company |                 |  |   |  |
| The enclosed                      | l Articles of a | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return                     | all correspon   | ndence concerning this matter                | to the following:   |  |
|                                   |                 | Brandon Mubarak                              |   |  |
|                                   |                 |  | Name of Person  |  |
|                                   |                 | Freedom Process Net, LLC                     |   |  |
|                                   |                 |  | Firm/Company  |  |
|                                   |                 | 15030 Sw 132 Ave                             |   |  |
|                                   |                 |  | Address   |  |
|                                   |                 | Miami, FL 33186                              |   |  |
|                                   |                 | easternpacific.hc@outlook.c                  | City/State and Zip Code   |  |
|                                   |                 | E-mail address: (                            | to be used for future annual report notiti-                         | cation)  |
| For further in                    | iformation co   | oncerning this matter, please co             | all:  |  |
| <u>B</u>                          | randon          | Mubarak                                      | at (305) 519-9  | î997   |
|                                   | Name of         | Person                                       | Area Code Daytime   | Telephone Number   |
| Enclosed is a                     | check for the   | e following amount:                          |   |  |
| □ \$25.00 F                       | iling 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) |
|                                   |                 |  |   |  |

TO:

Registration Section

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

| rrection process Net, LLC  |   |                           |
|--|---|---------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited   | ny as it now appears on our records.)<br>Liability Company) |                           |
| The Articles of Organization for this Limited Liability Company lorida document number $\frac{L14000013079}{L14000013079}$ | were filed on 01/24/2014                                    | and assigned              |
| his amendment is submitted to amend the following:   |   |                           |
| . If amending name, enter the new name of the limited liab   | ility company here:   |                           |
| astern Pacific Holdings Company, LLC   |   |                           |
| he new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or                     | the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:   | 1645 Palm Beach Lakes Blvd Suite                            | 1200                      |
| Principal office address MUST BE A STREET ADDRESS)   | West Palm Beach, FL 33401                                   | وم اــ                    |
|  |   |                           |
| nter new mailing address, if applicable:   | 1645 Palm Beach Lakes Blvd Suite                            | 1200 29                   |
| Aailing address MAY BE A POST OFFICE BOX)  | West Palm Beach, FL 33401                                   |                           |
| <del>-</del>   | _   | 10.                       |
|  | -   | र्का क                    |
| . If amending the registered agent and/or registered office agent and/or the new registered office address here:           | address on our records, <u>enter the</u>                    | name of the new regis     |
| Name of New Registered Agent:  |   |                           |
| New Registered Office Address:   |   |                           |
|  | Enter Florida street address                                |                           |
|  | Florid  |                           |
|  | 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 Changing Registered Agent, Signature of New Registered Agent

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 |
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| Effective date, if other than the fan effective date is listed, the date management and this bedocument's effective date on the I | ust be specific and cannot be prior to date of block does not meet the applicable sta | of filing or more than 90 days after that of filing requirements, this | iling.) Pursuant to 605,0207 |
| record specifies a delayed effecti<br>d is filed.   | ve date, but not an effective time, at  | 12:01 a.m. on the earlier of: (b)                                      | The 90th day after the       |
| June 19<br>Dated  | . 2021  |  |                              |
| · · · · · · · · · · · · · · · · · · ·   |   |  |                              |
|   | miles   |  |                              |