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TO: Registration Se Division of Cor			ā	
SUBJECT:	ree 2 C LL	-	~	
SUBJECT:/_	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Leonard E	Name of Person	Tr	
		Name of Person	<u>'</u>	
	Fice 2 C	Eirm/Company		
		' 'I'm Company		
	P.O. Box 3	15206		
		Address		
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	TANAMA L	Olty/State and Zip Code	24916	
	E-mail address: (1	Heen Quail to be used for fundire annual	report notification)	
For further information c	oncerning this matter, please ca	all:		
		,		
Leonard	E Walters	at (850) Area Code	527-270	00
Name o	f Person	Area Code	Daytime Telephone	: Number
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee	& 🗆 \$	60.00 Filing Fee,
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	ING ADDRESS:		T/COURIER ADDE	RESS:
	ration Section on of Corporations		tion Section of Corporations	
P.O. Be	ox 6327	Clifton I	Building	
Tallaha	assee, FL 32314		secutive Center Circle ssee, FL 32301	:
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ARTICLES OF ORGANIZATION

OF FREE 2 C 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 _//3///____ and assigned - Florida document number <u>L14000017174</u> 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" LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

PANAMA CITY Florida 3240 / 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

Page 1 of 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
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V	Signature of a n	nember or authoriz	ed representative of a membe	er	
1	Leonard E V	Na.lks			
		Typed or printed r	name of signee		
		D 2	0.6.2		
		Page 3	Of 2		

Filing Fee: \$25.00