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## **COVER LETTER**

TO:		istration Sect sion of Corpé				
SUBJE	CT:	FreeFab 3D, I				
			Name of Lim	ited Liability Company		
The end	closed	Articles of A	mendment and fec(s) are sub	mitted for filing.		
Please 1	return	all correspond	lence concerning this matter	to the following:		
		•	Johnny J. Bardine			
Name of Person				-		
The Law Office of Johnny J. Bardine, PA						
	Firm/Company			-		
	721 1st Avenue North, Suite 200  Address  St. Petersburg, FL 33701  City/State and Zip Code			_		
					_	
			johnny@bardinelaw.com E-mail address: (	to be used for future annual repo	ort notification)	
For furt	her in	formation con	cerning this matter, please c	all:		
Johnny	J. Baı	rdine		727 289 72 at ()_	81	
		Name of P	erson	Area Code D	Daytime Telephone Numbe	SECRE SECRE
Enclose	ed is a	check for the	following amount:			ASSET T
■ \$25	5.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	□ \$60.00 F Certifica i) Certifica (additiona	alling, Fee, are of Statuls & Copy Teopy is enclosed)

MAILING ADDRESS:

TO

Registration Section
Division of Corporations
P.O. Box 6327 Tailahassee, 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

rreerad 3D, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	<u>iny as it now appears on our records.</u> ) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000017223</u> This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2157 1st Avenue South			
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33712			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here				
Name of New Registered Agent:	TAGE			
New Registered Office Address:	Enter Florida street address			
	City , Florida Zip.Code			
New Registered Agent's Signature, if changing Registered Agent:	프 프 프 프 프 프 프 프 프 프 프 프 프 프 프 프 프 프 프			
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I further agree to comply with the			

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

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>	<u>Address</u>	Type of Action
MGR	Fletcher, Athena	7900 Gulf Blvd	□ Add
		St. Pete Beach, FL 33706	■ Remove
			☐ Change
			Add
			Remove
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Effecti	ve date, if other than the date of filing:(o	ptional):	$\dot{\Sigma}$	
Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days of the date inserted in this block does not meet the applicable statutory filing requirements ent's effective date on the Department of State's records.	after filing.) P , this date wi	ursuant to	605.020° listed as
	ord specifies a delayed effective date, but not an effective time, at 12:0990000000000000000000000000000000000	)1 a.m. or	the ea	arlier o
The				
	December 4 2015			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00