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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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JUN 0.5 2014 D. BRUCE

COVER LETTER

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TO: Registration Section Division of Corporations						
SUBJECT: Freedoms (Vay Hon Name of Limited I	165 LLC.				
The enclosed Articles of Amendment an	d fee(s) are submitte	ed for filing.				
Please return all correspondence concern	ing this matter to th	e following:				
Julia	V. Koec	Name of Person				
Free	doms Wa	Firm/Company				
183	Lawner	Address				
Lak	eland, Fci	-1 33803 ty/State and Zip Code			20:	
juliev	Koerner (10 be	QMQ1-COM used for future annual report notifi	cation)		YAH HI	Carr
For further information concerning this i	natter, please call:			TO HE	29	-
Julia Koerner Name of Person		at (<u>863</u>) <u>255</u> - Area CodeDaytime	3085 Telephone Number	STATE OF THE STATE	PH 2: 35	
Enclosed is a check for the following an	sount:	:				
\$25.00 Filing Fee \$30.00 Fi		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified C (additional co	of Status a		

MAILING ADDRESS:

. 141

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

Freedoms Way (Name of the Limited/Liab)	Hity Company	as it now appears on oility Company)	our records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L 1 400 00 68640</u>	Company we	ere filed on API	1/18,201	4 and	l assigr	ned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	<u>mited liabilit</u>	y company here:				
The new name must be distinguishable and end with the words "I	Limited Liability	y Company," the desig	gnation "LLC" or the	abbreviati	on "L.L	.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	O <i>RESS</i>) _					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		e address on ou	r records, <u>enter</u>	the na	m ≥ of MAY	the new
Name of New Registered Agent:				18.50 18.50	29 PI	
New Registered Office Address:		Enter Florida s	treet address	STATES STATES	H 2: 35	भाग स्ट्रां के संस्थानकाम् प्राप्त
		City	, Florida	Zip C	ode	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name **Address Type of Action** Advanta IRA Services LLC 13/91 Starkey Rd. Steg FBO Julia Roemer IRA Largo F1, 33773 AMB R **D**∕Add ☐ Remove Advanta TRA Trust LLC AMBR ___□ Add □ Remove ☐ Remove □ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· Please note 'AMBET' added 15 Advanta
Genrices LLC IZMONED is Advanta Trust
LIC
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or med date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated 5 26 2014,
Jula V Kazner
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

20H HAY 29 PM 2: 35