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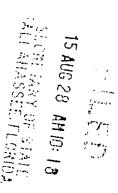
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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AUG 3 1 2015 J SHIVERS

COVER LETTER

Division of C	Corporations	
Freedom	n Development, LLC	
our control of the co	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Franklin L. Myers	
	Name of Person	
	Freedom Development, LLC	
	Firm/Company	
	7249 Reef Road	
	Address	
	Navarre, FL 32566	
	City/State and Zip Code	
	franklin.myers@freedom-development.com	
For further information	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:	
Franklin L. Myers	478 955-1726	
Nam	at () ne of Person	_
Enclosed is a check fo	or the following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	tatus &

MAILING ADDRESS:

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

Freedom Development, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 5/7/2014	and assigned
lorida document number L14000075179	· · · · · · · · · · · · · · · · · · ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		·
N. M. C.		
 If amending the registered agent and/or reg egistered agent and/or the new registered office ad 		ter the name of the
		(i) 3
Name of New Registered Agent:		AU .
New Registered Office Address:		28 28 28 28
	Enter Florida street address	19 2 5.
	, Florida	
	City	Zip Gode

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
MGR	Zackery A. Myers	7249 Reef Road, Navarre, FL 3256	Add
			☐ Remove
			☐ Change
			Add
			Remove
		·	Change
			Add
			☐ Change
			□ Remove
			□ Change
		 	
			☐ Remove
			□ Change
			Add
			□ Remove
			Change

Zackery Myers will own 1	0% of Freedom Development, LLC.		
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		····	
fective date, if other than t	he date of filing:nust be specific and cannot be prior to date of f	(optional)	ursuant to 605.020
ote: If the date inserted in this	block does not meet the applicable statut	ory filing requirements, this date wil	ll not be listed a
ocument's effective date on the	Department of State's records.		
e record specifies a delay	red effective date, but not an effe	ective time, at 12:01 a.m. on	the earlier o
The 90th day after the r		·	
August 26	2015		
ated August 20			
Jun.	Me of Mus	1	
-//////	Signature of a member or authorized repre	esentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00