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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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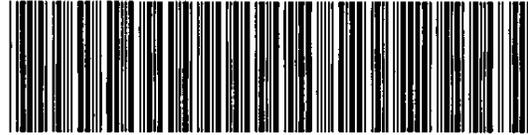
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREEDOM TUB & BATH, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDI L. CREAGER
Name of Person

FREEDOM TUB & BATH, LLC
Firm/Company

344 WOOD IBIS AVE
Address

TARPON SPRINGS FLORIDA 34689
City/State and Zip Code

JLYNNKEENE@AOL
E-mail address: (to be used for future annual report notification)

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RECEIVED BY STAFF
FALL ADMINISTRATION DIV.

For further information concerning this matter, please call:

JUDI L CREAGER at (727) 940-7822
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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)

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 Tub & Bath, 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 August 7 2014 and assigned Florida document number L17000124468.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Judi L. Creager

New Registered Office Address:

Judi L. Creager
Enter Florida street address

Florida

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.

Judi L. Creager
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CRAIG J. CREAGER	344 WOOD IBIS AVE	<input type="checkbox"/> Add
		TARPON SPRINGS FL	<input checked="" type="checkbox"/> Remove
		34689	
AMBR	JUDI L CREAGER	344 WOOD IBIS AVE	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS FL	<input type="checkbox"/> Remove
		34689	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 06-19-14 BY SP4/STP/STP

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 18, 2014.

Judith Creager
Signature of a member or authorized representative of a member

JUDITH L. CREAGER
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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