

#L14000126928

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(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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2014 AUG 25 PM 3:32
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP - 2 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fredster 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:

Catherine Halon
Name of Person

Firm/Company

3391 SE Inlet Harbor Trl.
Address

Stuart FL 34996
City/State and Zip Code

keithhalon@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Halon at (413) 537-9610
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Fredster LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 13, 2014 and assigned Florida document number L14000126928.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Catherine Halon

3391 SE Inlet Harbor Trl
Stuart, FL 34996

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:

Catherine Halon

New Registered Office Address:

3391 SE Inlet Harbor Trl

Enter Florida street address

Stuart

City

Florida

34996

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.

Catherine Halon

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> |
|--------------|--------------------|----------------------------|--|
| AP | Halon Keith T | 3391 SE Inlet Harbor Trail | <input type="checkbox"/> Add |
| | | Stuart, FL 34996 | <input checked="" type="checkbox"/> Remove |
| | | | |
| MGRM | Halon Catherine M. | 3391 SE Inlet Harbor Trail | <input checked="" type="checkbox"/> Add |
| | | Stuart, FL 34996 | <input type="checkbox"/> Remove |
| | | | |
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TALLAHASSEE, FLORIDA

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 21, 2014.

Kent Halon

Signature of a member or authorized representative of a member

Keith Halon

Typed or printed name of signee

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TALLAHASSEE, FLORIDA