

L14000150624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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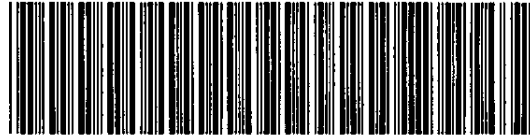
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT 21 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 2 - 2014

#405 P.002/005

10/10/2014 09:29

509 624 4455

From: DAV FAX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FREALITY, 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:

Patricia A. Franklin

Name of Person

FREALITY, LLC

Firm/Company

52 Riley Rd.

Address

Celebration, FL 34747

City/State and Zip Code

pfranklin7@aol.com

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

For further information concerning this matter, please call:

Patricia A. Franklin

601 954-5134

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

#405 P.003/005

10/10/2014 09:29

509 624 4455

From: DAV FAX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FREALITY, 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 09/28/2014 and assigned
Florida document number L14000150624.

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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 21 PM 12:50

From: DAV FAX

509 624 4455

10/10/2014 09:30

#405 P.004/005

11. If attaching any other information, state change(s) and, if necessary, attach additional sheets, if necessary.

K. 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 the document is filed by the Florida Department of State)

Dated 10/10, 2014.

Patricia A. Franklin

Signature of a member or authorized representative of a member

Patricia A. Franklin

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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From: DAV FAX 509 624 4455 10/10/2014 09:30 #405 P.005/005

If indicating the Manager's or Authorized Member's name on our records, please the title, name, and address of each individual of Authorized Member being added or removed from our records:

MGR = Manager
AMRN = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Pam Franklin	52 Riley Rd. Celebration, FL 34747	☐ Add ☒ Remove
AMBR	Patricia A. Franklin	52 Riley Rd. Celebration, FL 34747	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

14 OCT 21 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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