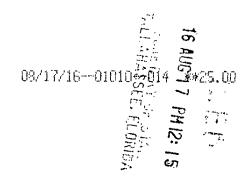
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

over the control of t	lalas Francis III O		
SUBJECT: Freedom S		ited Liability Company	<u>·</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Pedro F. Mejia		
	- 1002	Name of Person	
		Firm/Company	
		Firm/Company	
	8231 46th Court East		
		Address	
	Sarasota, FL 34243		
		City/State and Zip Code	
	pmejia13@gmail.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	all:	
Pedro F. Mejia		407 353-1937 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

TO:

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 Solar Energy, LLC			
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L		06/2015	_ and assigned
lorida document number L15000023048	·		_
his amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name o	f the limited liability company her	<u>·e</u> :	
N/A			
he new name must be distinguishable and contain the v	vords "Limited Liability Company," the de-	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
	· .		
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			5
Enter new mailing address, if applicable:		<u></u>	
Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>	, ഗ
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3. If amending the registered agent and	or registered office address on	our records, enteeth	e name of the n
egistered agent and/or the new registered o	ffice address here:	Innesses to the second	<u> </u>
		in the second se	
Name of New Registered Agent:			
		· · ·	
New Registered Office Address:			
	Enter Florid	da 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.

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
AMBR	Daniel Mauricio Meji	8231 46th Court East	□ Add
		Sarasota, FL 34243	■ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Remove G-Change
			D Add
			☐ Remove
			Add
			Remove
		 	Change
			Add
			□ Remove
			□ Change

ctive date, if other than the date of filing:		
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days e: If the date inserted in this block does not meet the applicable statutory filing requirements		
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record specifies a delayed effective date, but not an effective time, at 12:	01 am on the	aarliar
he 90th day after the record is filed.	or a.m. on the	carner
A 1.		
ed August 15, 2016.		
0/1//_		
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00