

L1500000979412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

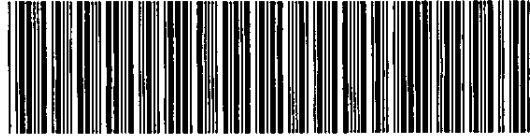
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 06 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Freedom Enterprises of NorthWest Florida, 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:

Tyler Lawniczak or CJ Kreger

Name of Person

Freedom Landscape and Lawncare

Firm/Company

173 Lake Juniper Circle

Address

Defuniak Springs, FL. 32433

City/State and Zip Code

freedomlandscapeandlawncare850@gmail.com

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

For further information concerning this matter, please call:

CJ Kreger

Name of Person

850 333-1103

at ()
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

Freedom Enterprises of NorthWest Florida, LLC

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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>
MGF	Charles Kreger, Jr.	173 Lake Juniper Circle	☒ Add
		Defuniak Springs	☐ Remove
		FL. 32433	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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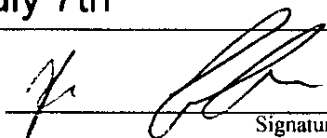
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 July 7th, 2015



Signature of a member or authorized representative of a member

Tyler Lawniczak

Typed or printed name of signee

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