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K.SALY EXAMINER FEB - 2

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Fr	Freedom Lifestyles International LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Michael A. Bray Name of Person Freedom Lifestyles International LLC Firm/Company Address Maples, FL 34116 City/State and Zip Code Moray 94 @ yahoo. com E-mail address: (to be used for future annual report notification) concerning this matter, please call: Bray of Person at (339) 776-9499 Area Code Daytime Telephone Number		
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
		lichael A. Bro	<u> </u>
	Freedom 1	Lifestyles Intern Firm/Company	ational LLC
	3036	Hand Ter SW Address	
	Naples	FL 34116	
	mbray 92	1 @ yahoo. com	
For further information co			cation)
Ti Hany Name of			9499 Telephone Number
Enclosed is a check for th	e 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

10)	***
ARTICLES OF O	RGANIZATION	FILE
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	\ \(\mathref{U}_i \)	IBFEB _ I
Freedom Life Styles (Name of the Limited Liability Compan	International 194	16FEB-1 PH 4:00
(Name of the Limited Liability Compan	y as it now appears on our records.)	AHASSI OF S
(A Florida Limited L	lability Company)	STE. TOBLE
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
Florida document number <u>L 15000168890</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Anker Consultante 111	n _.	
An Ker Consultants LLC The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Entou nove nainainal offices address if annii-address		
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)	No Chang) P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
Training warress mile bone of the bone	No char	9e
B. If amending the registered agent and/or registered off	fine address on our records enter	the name of the naw
registered agent and/or the new registered office address here		the name of the new
	•	
Name of Nam Davistand America	, ,	
Name of New Registered Agent:	NO Change	ρ
New Registered Office Address:	700 0.00	
	Enter Florida street address	-

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:

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	Signature of a member	er or authorized representative of	a member	

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Filing Fee: \$25.00