L15000 198193

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PłCK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
eun Irar	Freedom W	arranty of America LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		John P Skelton		
			Name of Person	
		Freedom Warranty of Ame	rica LLC	
			Firm/Company	
		24850 Old 41 Road Suite 1	9	
			Address	
		Bonita Springs, FL 34135		
		-	City/State and Zip Code	
		jskelton@freedomwarranty.		
			to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
John P Skelt	ion		239 908-4086	
	Name o	f Person		Telephone Number
Enclosed is a	a check for th	ne following amount:		
≅ \$25.00 F	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	(A Fiorita Limited Liability	y Company)					
	rganization for this Limited Liability Company were number L15000198193	pany as it now appears on our records.) It Liability Company) By were filed on 11/24/2016					
his amendment	is submitted to amend the following:						
If amending	name, enter the new name of the limited liability co	ompany here:					
he new name must	be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abl					
Inter new princ	ipal offices address, if applicable:) (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	1509 1509 1504 1773				
Principal office	address MUST BE A STREET ADDRESS)	7+ xi (25)	Comments of the Comments of th				
		\$5 <u>8</u>	3				
			D □				
Inter new maili	ng address, if applicable:						
Mailing address	MAY BE A POST OFFICE BOX)		50				
	<u></u>	<u> </u>	*** 				

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>	<u>Address</u>	Type of Action
AMBR Christopher Miller		7130 Avonlea Lane	Add
		Chattanooga, TN 37421	Remove
			☐ Change
AMBR	Charles Kansy	16173 Parque Lane	B Add
		Naples, FL 34110	□ Remove
			☐ Change
AMBR	Andrea Kansy	16173 Parque Lane	Add
		Naples, FL 34110	□ Remove
		Change	
			Add
			Remove
		Change	
			□ Add
			Remove Remove Change SERV 3
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Page 3 of 3

Filing Fee: \$25.00