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(Re	equestor's Name)	
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### **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:F	erdom Source Ul	ited Liability Company	<u>.                                    </u>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Joshuc	Name of Person	
		Name of Person  Our a, UC  Firm/Company	
	4101 NW 190		
	Miami God	City/State and Zip Code	
	E-mail address!	nul. (DM to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please c	all:	
Joshua Man	this e of Person	at (786) 27-4 Area Code Daytime	L G 5 Telephone Number
,	r the following amount:		
\$25.00 Filing Fec	☐ \$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 TO ARTICLES OF ORGANIZATION OF

Freedom Sou	ire, LLC	
( <u>Name of the Limited  </u> (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>しんののろらち</u> な	ility Company were filed on <u>Cb</u>	stuary 22,206 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company her	<u>·e</u> :
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable		signation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		F 0
(Mailing address MAY BE A POST OFFICE BO	<u></u>	No.
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on e e address here:	our records, enter the name of the ne
Name of New Registered Agent:	Management of the second of th	
New Registered Office Address:	Enter Florid	da street address
	2,500	
-	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

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 **Title** Name **Address Type of Action** MGR Joshya Mathis 4101 NW 190 Street, Mismift 33055 WADD ☐ Remove ☐ Change Jereny Mathis 4101 NW 190 St., Mignai, FL 33055 MAdd NGR □ Remove ☐ Change JAM Properties, Inc MGR ☐ Add 4101 NW 190 St, MIANIFE 33055 □ Change □ Add ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00