

L16000232760

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAURA K. MUNSON, CPA
Account Number : 120190000060
Phone : (863)634-4631
Fax Number : (863)467-3002

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Laura@simsmunsoncpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FREEDOM-WIFI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

JUN 14 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freedom-WiFi, 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:

Laura Munson

Name of Person

Sims Munson CPA

Firm/Company

319 N. Parrott Ave

Address

Okeechobee, FL 34974

City/State and Zip Code

Laura@simsmunsoncpa.com

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

For further information concerning this matter, please call:

Laura Munson

863

634-4631

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

26 JUN 14 PM 12:21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREEDOM-WiFi, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12-28-2016 and assigned
Florida document number L16000232760.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LADD THOMAS	1496 OLD LAKEPORT RD.	<input checked="" type="checkbox"/> Add
		MOORE HAVEN, FL 33471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RHONDA THOMAS	1496 OLD LAKEPORT RD.	<input checked="" type="checkbox"/> Add
		MOORE HAVEN, FL 33471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MDJ
FAC
CIVIL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

[illegible]

26 Jun 1971 PM 12:21

100

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 14, 2024.

Signature of a member or authorized representative of a member

Laura Munson

Typed or printed name of signee

Filing Fee: \$25.00