L17000 113649

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COVER LETTER

TO: Registration Se Division of Co			
Bluewater SUBJECT:	Carpentry LLC		
30101201.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joel Reed		
		Name of Person	
	Bluewater Carpentry LLC		
	6102 Diahladan St	Firm/Company	
	6193 Richledge St	Address	
	Englewood, FL 34224	Address	
	Freedomba	City/State and Zip Code Gers Sw F & g ma.' I to be used for future annual report notif	con
For further information of	E-mail address: (concerning this matter, please co		ication)
Joel Reed		at () 830-4129 Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 TO ARTICLES OF ORGANIZATION OF

FILED

2019 MAR 13 PM 2: 27

Bluewater Carpentry LLC		
(Name of the Limited (A	Liability Company as it now appears on or Florida Limited Liability Company)	ir records.) J. STATE
The Articles of Organization for this Limited Liab Florida document number L17000113649	ility Company were filed on May 23.	2017 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
Freedom Builders of SWFL, LLC		
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	4.	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet 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>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
(b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	03/01/2019
Dated	
Dated	03/01/2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00