## 118000136352

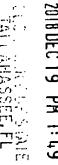
(Requestor's Name)	
(Address)	
(Address)	—
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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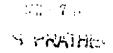
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## **COVER LETTER**

TO: •	Registration Se Division of Cor		•	
S¶BJE	Brightway	Financial LLC		
ուսան		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Anthony B. Parker		
		Brightway Financial LLC	Name of Person	
		2768 Country Way	Firm/Company	
		Clearwater, FL 33763	Address	<del> </del>
		a.brentparker@gmail.com	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	11:	
Antho	ny Parker	f Durons	904 861-8717 at ()	: Telephone Number
	Name O	reison	Area Code Dayting	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>9</b> \$2:	5.00 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

		OF	20
•			2018 DEC
, B	rightway Financial LLC		
,	(Name of the Limited Lin (A.F.)	ability Company as it now appears on our records.) orida Limited Liability Company)	75 <b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of 0	Organization for this Limited Liabili	ty Company were filed on 06/01/2018	and assigned
	nt number L18000136352		1:49
This amendmen	t is submitted to amend the following	g:	17%
A. If amending	name, enter the new name of the	limited liability company here:	
Freedom Opera	itions LLC		
The new name mus	t be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new prin	cipal offices address, if applicable:		
(Principal office	e address MUST BE A STREET AL	ODRESS)	
Enter new mail	ing address, if applicable:		
(Mailing addres	'S MAY BE A POST OFFICE BOX	7)	
		egistered office address on our records,	enter the name of the new
registered agen	t and/or the new registered office a	address here:	
Name -	of New Registered Agent:		
New R	egistered Office Address:		
<del></del>		Enter Florida street address	
		. Flori	da
	<del>-</del> -	Ciry	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Luttrell, David A	137 Eastview Drive, Taylorsville, Ky, 40071	
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			Change
			DAdd
			☐ Remove
		<del> </del>	□ Change
			Remove
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			Add
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		· · · · · · · · · · · · · · · · · · ·	□ Change
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		<del></del>	Change
			Add
			☐ Remove

If amending any other informati	on, enter change(s)	here: (Attach ada	litional sheets, if ne	cessary.)	
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Effective date, if other than the data offective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	ck does not meet the ap	oplicable statutory fi	(opl r more than 90 days aft ling requirements, th	tional) er tiling.) Pursuant to 60 nis date will not be lis	05.0207 ( sted as t
ne record specifies a delayed The 90th day after the reco		not an effectiv	e time, at 12:01		lier of:
December 17th	2018	<del>7</del> -		2018 DEC	et coper
		•		HAS	Ç.
S	ignatur of member or	authorized representat	ive of a member		1 10
Anthony B. Parker					, C.E.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00