118000256558

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COVER LETTER

TO: Registration So Division of Cor					
FREEMAN	CONSULTING SERVICES I	LLC			
	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Khantharoth Freeman				
		Name of Person			
		Firm/Company			
	5746 Quinton Way		<u> </u>	5 B	
	Mount Dora, FL 32757	Address	an Ass	I AON BIEZ	
	nicole@fusioncld.net	City/State and Zip Code		4 AH	
For further information of	E-mail address: (concerning this matter, please concerning this matter).	to be used for future annual report notif all:	ication)	9: 36	النبيتا
Khantharoth Freeman		352 602-5466 at ()			
Name o	of Person		: 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 F Certificate of Certified Copy (additional copy)	Status & y	

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

(A T1 = 1 J - T 1 W T	any as it now appears on our records.) Liability Company)
(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.18000256558	were filed on 11/01/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity 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)	Fice address on our records enter the records and the records
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	

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.

City

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
MGR	Khantharoth Freeman	5746 Quinton Way Mount Dora, FL 32757	
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	Inte of filing or more than 90 da e statutory filing requiremen	(optional) ys after filing.) Pursuant to 6 tts, this date will not be li	05.0207 (sted as t
ne record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12	2:01 a.m. on the ear	lier of:
Dated November 9 2019			

Page 3 of 3

Typed or printed name of signee