

L18000289983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

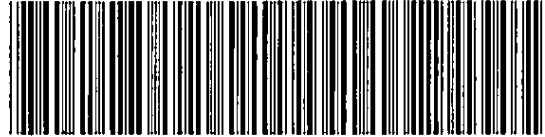
(Business Entity Name)

(Document Number)

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2022 AUG 29 PM 2:40
SECOND CLERK OF COURT
TALLAHASSEE, FL

08/29/22 --05:11:42-- 4420.00

FILED
2022 AUG 29 PM 2:18
TALLAHASSEE, FLORIDA

A. BUTLER
AUG 29 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREEDOM HOUSING SOLUTIONS 4 U 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:

ISRAEL SCHMIDT

Name of Person

FREEDOM HOUSING SOLUTIONS 4 U LLC

Firm/Company

8509 CRESPI BLVD UNIT #10

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

mschmidtmi@gmail.com

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

For further information concerning this matter, please call:

mschmidtmi@gmail.com

917 5861874

at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 AUG 29 PM 2:40

FREEDOM HOUSING SOLUTIONS 4 U LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/18/2018 and assigned
Florida document number L18000289983.

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:

8509 CRESPI BLVD

(Principal office address MUST BE A STREET ADDRESS)

UNIT #10

MIAMI BEACH, FL 33141

Enter new mailing address, if applicable:

8509 CRESPI BLVD

(Mailing address MAY BE A POST OFFICE BOX)

UNIT #10

MIAMI BEACH, FL 33141

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:

ISRAEL SCHMIDT

New Registered Office Address:

8509 CRESPI BLVD UNIT #10

Enter Florida street address

MIAMI BEACH

Florida 33141

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>
MGR	ISRAEL SCHMIDT	8509 CRESPI BLVD	<input type="checkbox"/> Add
		UNIT #10	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change
MGR	ORIT DANINO	8101 BYRON AVE	<input type="checkbox"/> Add
		SUITE 212	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated AUGUST 19 2022

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

ISRAEL SCHMIDT

Typed or printed name of signee

Filing Fee: \$25.00