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(Requestor's Name)
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SEP 3 0 2022 S. PRATHER

COVER LETTER

Division of Corporations
SUBJECT: FREE RIOES Florior 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:
Name of Person FLEE (LIDES FLORIDE LLC Firm/Company 715 lidelles St. # 3 Address Chearupten Fla. 33196 City/State and Zip Code Nate carbell? Camail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

TO:

Registration Section

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

(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 Con	mpany were filed on 1 - 8 - 20	19 and assigned
Florida document number L1900000	4521	2022 74.LT
This amendment is submitted to amend the following:) SEP AHAS
A. If amending name, enter the new name of the limite	d liability company here:	\$\frac{1}{2}
The new name must be distinguishable and contain the words "Limited	L, C.	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	he abbreviation Lac."
Enter new principal offices address, if applicable:		D 55
(Principal office address MUST BE A STREET ADDRE.	<u>(SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
	City	a 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 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	Membe

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
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D. If amending any other info	ormation, ente	er change(s) her	e: (Attach additio	nal sheets, if nec	essary.)	
						
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E. Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in document's effective date on	ate must be specifi this block does t	c and cannot be prior not meet the applic	able statutory filing	ore than 90 days afte		
f the record specifies a delayed en ecord is filed.	ffective date, bu	t not an effective t	ime, at 12:01 a.m. (on the earlier of: (b) The 90th day	22
Dated 7 - (3		2022	<u>.</u> .		HASSEE	FILED SEP 21 AF
- sh	c ~)				
2.41	-	of a member or auth	orized representative	oi a member	DAL CORROL	7: 56
rathe	~ <u>~ </u> ~ c	Typed or print	ed name of signee			

Filing Fee: \$25.00