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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

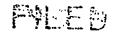
FREIP, LI	.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Vanessa L. Bailey		
	Kostopoulos Rodriguez, Pi	Name of Person	
	550 W. Merrill St., Ste. 10	Firm/Company	
	Address Birmingham, MI 48009		
	dino@korolaw.com	City/State and Zip Code	extilications
For further information	concerning this matter, please co		(All Included of the Control of the
Vanessa L. Bailey		248 268-7800 at ( )	
Name	of Person		time 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)
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COU Registration Sec Division of Cor	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FREIP, LLC

2019 APA 29 A II: 81

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.)			
	Milladi	Rusiel Flühet A		
The Articles of Organization for this Limited Liability Company	were filed on February 6, 2019	and assigned		
Florida document number L19000037572				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3518 Erie Lake Dr.			
(Principal office address MUST BE A STREET ADDRESS)	Orchard Lake, MI 48324			
Enter new mailing address, if applicable:	3518 Erie Lake Dr.			
(Mailing address MAY BE A POST OFFICE BOX)	Orchard Lake, MI 48324			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		r the name of the no		
		<del></del>		
New Registered Office Address:	Enter Florida street address			
	, Florida			
<del></del>	City , Frioritia _	Zıp Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. O	n familiar with and r, if this document is		
If Cha	nging Registered Agent, Signature of New	Revistered 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
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			Add
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If an effective date <u>Note:</u> If the dat	if other than the dis listed, the date must inserted in this blo tive date on the De	be specific and ck does not a	d cannot be p meet the app	plicable stat	filing or more utory filing r	than 90 days	ptional) after filing.) Pu this date wil	rsuant to 605.020 I not be listed as
	cifies a delayed by after the reco			not an ef	fective tim	e, at 12:0	1 a.m. on	the earlier o
Dated April 25			2019					
7411-11			<u> </u>	•				
	// //	_ 4						
	<u> </u>	Signature of a	member or a	uthorized rer	resentative of	a memher		

Page 3 of 3

Filing Fee: \$25.00