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2019 APR 11 PH 12: 16

R. WHITE 13: 17: 13

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Free	dom Doors LL Name of Limi	C ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	indence concerning this matter t	to the following:	
	Scot Freed	H Broxton Name of Person Comboors U Firm/Company	
	1209]	John Lord S	treet
	SHBY (b-mail address: (t	City/State and Zip Code OX + ON	773 L. Com
For further information c	oncerning this matter, please ca	11:	
Sc.ott Name o	Broxton	at (407) 403 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
	INC. A BRIDGE	etreticalist	n i nonecc

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

FILED

Expedon	n Drovs LLC 2019 120 11 PH 12: 16
(Name of the Limited	Liability Company as it now appears on our records: A Florida Limited Liability Company)
	the state March 12 7019 abilities and
	hility Company were filed on Maych 13, 7:019 and assigned
Florida document number <u>L 19 0000 7</u> 1	Q783.
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3OX)
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	Scott Broxton
New Registered Office Address:	1209 John Lord Street Enter Florida street address
	San Gord Florida 32773 City Zip Code
New Registered Agent's Signature, if changing R	egistered 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBL	Beth Broxton	1209 John Lord Stre	ed □ Add
		Sanford, FL 3277	Remove
			Change
AMBR	Scott Broxton	1209 John Lord Street	
		Sanford, FL 32773	□ Remove
			☐ Change
		 	
		 	☐ Remove
			□ Change
			Add
			□ Remove
			Change
			Remove
			Change
			🖸 Add
			□ Remove
			□ Change

D. If amending any other infor	mation, enter change(s) here: (Att	(ach additional sheets, if necessary.)	•
		- 1	
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			_
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			_
(If an effective date is listed, the date Note: If the date inserted in thi	the date of filing: must be specific and cannot be prior to date of shock does not meet the applicable state. Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 6 atutory filing requirements, this date will not be l	505.0207 (3)(b isted as the
If the record specifies a dela (b) The 90th day after the i		effective time, at 12:01 a.m. on the ear	rlier of:
	8 2019.		
	Signature of a member or authorized re	presentative of a member	
	COLL BOX FOX	of signee	

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Filing Fee: \$25.00