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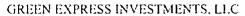
## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHDIE		XPRESS INVESTMENTS, LL	С	
SUBJE	.cr:	Name of Lim	ited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		FRANKLIN TOLEN		
			Name of Person	
		588 PASAJE AVE APT C	Firm/Company	
			Address	
		TARPON SPRINGS, FL 3	4689	
		vasubstitute30@hotmail.com		
		E-mail address: (	to be used for future annual report not	tification)
For furt	ther information c	oncerning this matter, please ca	all:	
FRANI	KLIN TOLEN		571 264-6251	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>50</b> \$25	i.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)
		ING ADDRESS:	STREET/COUR	HER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 Company w	vere filed on 4/30/2019	and assigned
Florida document number 1.19000118550		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Greenstone Freedom, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:	ce address on our records, <u>enter</u>	the name of the ne
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fo ovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being a or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PADDOCK, CAROLINE	588 PASAJE AVE APT C	
		TARPON SPRINGS, FL 34689	Add
			■ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
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E Effectiv	upon filing re date, if other than the date of filing:
(If an effec <u>Note:</u>   I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
•~	09-13-2019
Dated _	· // · · · · · · · · · · · · · · · · ·
	1-160-
	Signature of a member or authorized representative of a member
	FRANKLIN TOLEN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00