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S. YOUNG

OCT 0 9 2019

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COVER LETTER

TO: Registration Sect Division of Corpo			1
SUBJECT:	Name of Limi	ive Free big	rd, LVC
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Janife	e Ginsburg	<u>}</u>
	_Ginsbu	ora Stolder	PS
	110 +le	ndricks 13	10,#2
	7+. L	auderdale =	1 33301
	Jenginshi Jenail address: (1	ura 16@ ama	ation) C. Om
For further information con	cerning this matter, please ca	II:	
Jenni fee Name of P	Ginsburg	at (<u>561</u>) 7 16 - Area Code Daytime T	1922 elephone 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)
MAILIN	G ADDRESS:	STRFFT/COURIFI	z address.

MAILING 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)	SEP 23
The Articles of Organization for this Limited Liability Company were filed on 5/8/2019 Florida document number	and assigned
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 ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the name of th
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	g #2
Enter Florida street address 1. Luger dale. Florida City	3330 \ 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 aging provisions of all statutes relative to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address. I hereby confirm that the line company has been notified in writing of this change.	familiar with and if this document

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	nding Authorized Person(s) authorized to man oved from our records:	nage, enter the title, name, and address of each	person being
	= Manager R = Authorized Member		
<u>Title</u>	Name	Address	Type of Act
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		4+. Lauderdalt, 71	□ Remove
		33301	□ Ch a nge
Janage	e Jennifer Ginsbu	g 110 Hendricks 1st	2 Add
		Apt #2	□ Remove
		7+. Lauderdale, 71	
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n effective c	late is listed, the dat	n the date of filite must be specific a	and cannot be pri		or more than 90 day		
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record s	pecifies a del	ayed effective	date, but n	ot an effectiv	e time, at 12	:01 a.m. on	the earl
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Filing Fee: \$25.00