119000 138 231

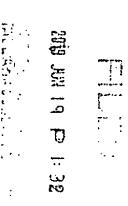
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200330899372

06/19/19--01017--011 **25.0



UUL 0 1 2997 T. 15 T.EUX

COVER LETTER

то:	Registration Se Division of Cor					
÷	FREEDOM	1 HOMES REALTY LLC.				
SUBJ						
		Name of Lim	ited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		WILNER SAINT FLEUR				
			Name of Person			
FREEDOM HOMES REALTY LLC.						
			Firm/Company			
441 SOUTH STATE RD 7 SUITE 19						
			Address			
		MARGATE FL 33068				
	City/State and Zip Code					
	FREEDOMHOMESREALTYI@GMAIL.COM					
		E-mail address: (to be used for future annual report noti	fication)		
For fu	rther information c	oncerning this matter, please co	all:			
WILNER SAINT FLEUR			305 879-2709			
	Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclos	sed is a check for th	ne following amount:				
■ \$2	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)		

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 OF

FREEDOM HOMES REALTY LLC.

(Name of the Limited Liability Company as it now appears on our revords) 9 1: 32 (A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Company w	ere filed on 05/22/2019	YN 2 W and assigned
Florida document number 1.19000138231	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	v company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	-		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE	BOX)		 .
	-		
B. If amending the registered agent and registered agent and/or the new registered of		ee address on our recor	ds, enter the name of the
Name of New Registered Agent:	WILNER SAINT	FLEUR	
New Registered Office Address:	441 SOUTH STA	TE RD 7. SUITE 19	
		Enter Florida street addi	ress
	MARGATE	, 1	Florida <u>33068</u>
		City	Zip Code
Nam Degistered Lagart's Signature, if changing	Desistand Agents		

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 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	SMITH JOSAPHAT	441 SOUTH STATE RD 7 SUITE 19	
		MARGATE FL 33068	
			■ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			□ Change
			🗆 Add
			☐ Remove
		 	Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change

							_
		<u> </u>	<u> </u>				
							
-				·			
							
							
		<u> </u>					
			<u> </u>				
				<u></u>			
					· · · · · · ·		
<u> </u>							
Note: If the dat document's effe	is listed, the date te inserted in this ective date on the	must be specific a s block does not e Department of	ind cannot be prior t meet the applic f State's records	able statutory	filing requirem	ents, this date) Pursuant to 605,020 will not be listed a
the record spe) The 90th d				t an effecti	ve time, at :	12:01 a.m. (on the earlier o
Dated JUNE 1-	rth		2019				
		Signature of	a member or auth	rized represent	ative of a member	r IV	/
WII	NER SAINT FI	.EUR		/	/	./	
			Typed or print	ed name of sign			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00