## 119000342605

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	egistration Secti vision of Corpo			
SUBJECT	: Free	E AND CLEAR LA	AND INVESTORS LI	LC
The enclos	ed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspond	ence concerning this matter	to the following:	
		ANTHONY (	OPPOLINO Name of Person	
			Firm/Company	<del></del>
		3271 CYPRESS	LEGENDS CIRCLE	# 807
		FORT MYERS	S FL 33905 City/State and Zip Code	<del></del>
		E-mail address: (I	to be used for future annual report notifi	cation)
For further	information con	cerning this matter, please ec	all:	
AN	THONY	COPPOLINO	at (33-1) 663- Area Code Daytime	3990
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
S25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREE AND CLEAR LAND INVEST	ors LLC
( <u>Name of the Cimited Liability Compan</u> (A Florida Limited Li	y as it now appears on <u>our records.</u> ) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 19000342605</u> .	were filed on 10/32/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "EC."
Enter new principal offices address, if applicable:	<u>5</u> 71
(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 adapted and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 a company has been notified in writing of this change.	performance of my duties, and I am familiar with and voided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered 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>	<u>Address</u>	Type of Action
MGR	ANITRA COPPOLING	3271 CYPRESS LEGENOS CIRTIS	<u>307</u> □Add
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Effective date, if other than the date of filing:    S   12   203-0     If an effective date is listed, the date must be specific and cannot be prior to date of filing or a Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) P ng requirements, this date wi	ursuant to 605.020 If not be listed a
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m rd is filed.	on the earlier of: (b) The S	90th day after the
Dated  Signature of a member or authorized representative	e of a member	
Signature of a member or authorized representative  ANTHONY COPPOLING Typed or printed name of signee		

Filing Fee: \$25.00