## L19000261636

(Requ	iestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)	
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Freedo	m Enterprise Services LLC		
	Name of Lim	ited Liability Company		
The analoged Articles of	Amendment and fee(s) are sub	mitted for filing		
Please return all correspo	ndence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
		Firm/Company		
3 Greenway Plaza #1320				
		Address		
	Houston, TX 77046			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		filings@swyftfilings.com		
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Sonia B	ecerra	877 777-0	0450	
Name o	f Person	at () 777-0 Area Code Daytin	ne 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)	
Mailing Addres	: <u>s:</u>	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Co	•	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom Ea	oterprise Services LL	c	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears of Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on	10/17/2019	and assigned
Florida document numberL19000261636			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Freedom Processing			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	SAME		
(Principal office address MUST BE A STREET ADDRESS)	N/A		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SAME N/A		
B. If amending the registered agent and/or registered office a	address on our reco	ds, enter the name	of the new registered
agent and/or the new registered office address here:		73.50 11. 11. 11.	
Name of New Registered Agent: SAME			الله الله
New Registered Office Address:	Enter Florida s	trant address	
	Date Tropida	n per (Mari CA)	
	City	, Florida	Zin Code
	LiiV		AID COMP

## 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 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 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>	Address	Type of Action
	NIA	NA	
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			☐ Change
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If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del> _	
(If an effective Note: If the	tate, if other than the date of filing:
ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Sine 18th, 2021
-	Signature of a member or authorized representative of a member
	Soel M Shiff  Typed or printed name of signete