

L200000017186

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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V. SULKER
FEB 10 2020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 FEB 10 PM 4:22

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freedom Pathways Consulting LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Inita S. Knox
Name of Person

Freedom Pathways Consulting, LLC
Firm/Company

5303 Reflections Club Drive, Apt 109
Address

Tampa, FL 33634
City/State and Zip Code

Knoxinita@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Inita S. Knox at (861) 310-8554
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Freedom Pathways Consulting, LLC

(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 were filed on January 9, 2020 and assigned Florida document number L20000017186.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

N/A
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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jameshia Davis	4153 South Dyson Circle	<input type="checkbox"/> Add
		West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Natasha Reid	1500 N Congress Ave, Apt	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alexia Lesane	5303 Reflections Club Dr	<input type="checkbox"/> Add
		Apt 109	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33634	<input type="checkbox"/> Change
AP	Teronda White	310 West 20 th Street	<input type="checkbox"/> Add
		Riviera Beach, FL 33404	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Inita S. Knox	5303 Reflections Club Dr.	<input type="checkbox"/> Add
		Apt 109	<input type="checkbox"/> Remove
		Tampa, FL 33634	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Handwritten signature "N.A." on lined paper.

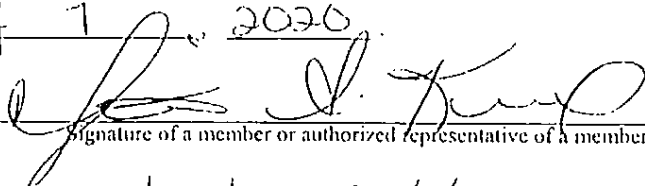
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 7, 2020.


Signature of a member or authorized representative of a member

Inita S. Knox
Typed or printed name of signee