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COVER LETTER

TO: Registration Section

Division of Cor	porations					
SUBJECT: Free	don Welding	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	_ Patuck	Murrymen Name of Person				
		Welding LLC				
		Address Hwy U				
	Port Sakone	City/State and Zip Code Lols @ gmail. Cor to be used for future annual report noti	2			
	Freedomw	elds @ gmail. con	7			
	concerning this matter, please c	all:				
Name o	of Person	at (<u>772</u>) <u>6/8</u> -	e Telephone Number			
Enclosed is a check for t	_					
t V \$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)			
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction			
Division of C P.O. Box 63:	Corporations	Division of Cor	Division of Corporations The Centre of Tallahassee			
Tallahassee,			e Street. Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		· · · · · · · · · · · · · · · · · · ·
Freedom We	lding LLC	疆 - 加
(Name of the Limited	lding LL C Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab	2	
	mity company were med on	and assigned
Florida document number <u>L 200000450</u>	<u>. 4/ </u>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	4DDRESS)	
Enter new mailing address, if applicable:		
• •		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address !		ls, enter the name of the new registere
agent and/of the new registered office address i	icic.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	vet address
		, Florida
		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>	Name	Address	Type of Action
AMBR	Patrick Marryman	4755 SE Dixie Hwy Unit 453	_ ŒAdd
	,	4755 SE Dixie Hwy Unit 453 Port Salerno, FL, 34992	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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<u>Note:</u> If the	he date inserted	than the date of the date must be spe I in this block do to on the Departm	es not meet	the applicable	date of filing or the statutory fili	nore than 90 da ng requiremen	(optional) ys after filing. nts. this date) Pursuant to 605.02 will not be listed	207 (as t
e record sp rd is tiled.		ed effective date.	but not an	effective time	, at 12:01 a.m.	on the earlie	rof:(b) The	e 90th day after th	ne
Dated	3,	2	·	<u>2020 </u>					
		1.011.		, 	·				
		Signat	age of a meir	ber or authoriz	ed representativ	e of a member	<u> </u>		
					name of signee				

Filing Fee: \$25.00