L20000115155

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Freedom Family Offi	ce, LLC	
Please Debit 12000000)0257 For: 25	
Thank you Seth Neele	γ	
Step		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/ ,		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH	04/25	UCC I or 3 File
Name	Date Time	UCC II Search
		UCC 11 Retrieval
Walk-In Themselve SA BEC	Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FREEDOM FAMILY OFFICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) _____ and assigned Florida document number L20000175155 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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: Enter Florida street address City 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 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
MGR	PETER CULVER	42 NORTH MAIN STREET #52	 ∃ Add
		WEST HARTFORD, CT 06107	□Remove
			□Change
			□Add
		<u></u>	□Remove
			□ Change
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ective date, if other than the dan effective date is listed, the date must be	te of filing:	prior to date of fi	ling or more than 0	(optional)	sugui to 605 0207
te: If the date inserted in this block	does not meet the a	applicable statute	ory filing require	ments, this date will	not be listed as
cument's effective date on the Depa	rtment of State's rec	cords.			
ecord specifies a delayed effective da is filed.	ite, but not an effec	tive time, at 12:0)1 a.m. on the ea	rlier of: (b) The 90	th day after the
ted APRIL 25	2023				
<u>Ronald Rose.</u> Sig	nfarb	r authorized repre-	sentative of a mem	her	
316	Or a member of	. aumorinea repres	,cuiiic oi a mem	52.	