

L20000180332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

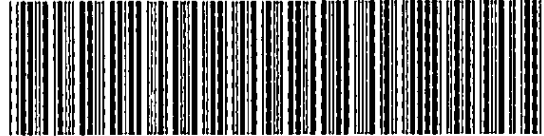
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/28/20--01015--004 \*\*25.00

NOV 03 2020

S. YOUNG

2020 SEP 28 PM 4:48

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** freedom Lost, 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:

Barry R. Bekkedam

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7320 sE medalist Place

\_\_\_\_\_  
Address

Hobe~~s~~ound, FL 33455

\_\_\_\_\_  
City/State and Zip Code

brb@crudenbaypartners.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry R. Bekkedam

610 724-9888  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

FILED  
2020 SEP 28 PM 4:49  
and assigned.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Florida document number 1.20000180332

Stolen Freedom, LLC

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_. Florida \_\_\_\_\_  
City Zip Code

**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**

[illegible]

[illegible]

(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)

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 September 1, 2020.

Signature of a member or authorized representative of a member

Barry R. Bekkedam  
Typed or printed name of signer

**Filing Fee: \$25.00**