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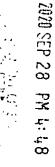
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NOV 03 2020 S. YOUNG



## **COVER LETTER**

TO: Registration S Division of Co			
Division of Go	· hv. · · · · · ·		
freedom L SUBJECT:	ost, LLC •		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Barry R. Bekkedam		
		Name of Person	<del></del>
		Firm/Company	
	7320 sE medalist Place		
		Address	
	Hobe¥ sound, FL 33455		
		City/State and Zip Code	
	brb@crudenbaypartners.co		
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Barry R. Bekkedam		610 724-9888 at ()	
Name	of Person	Area Code Daytim	re 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 Addre		Street Address:	
Registration		Registration Se	
P.O. Box 63:	Corporations	Division of Cor	-
P.O. Box 03. Tallahassee		The Centre of T	rananassee le Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom Lost, LLC		<b>3</b>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.	
(A Franca Embed)	chabinty Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 26, 2020	and assigned.
Florida document number L20000180332		
This amendment is submitted to amend the following:		P. I.
A. If amending name, enter the new name of the limited liab	ility company here:	
Stolen Freedom, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 a	address on our records, enter t	he name of the new registered
agent and/or the new registered office address here:	<u> </u>	The state of the s
Name of New Registered Agent:		
- Table of New Registered Figure	,,	
New Registered Office Address:	P . Pl +1 tt	
	Enter Florida street address	
	, Floi	
	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>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			Remove
			☐ Change
		wa	□Add
			Remove
			□Change
			□ Add
			Change
		□Remove	
			□Change
		\ \to Add	
		ПRетюче	
			□Change

i an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
an e ote	tive date, if other than the date of filing:
	ord 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 filed.
ate	September 1. 2020.
	Signature of a member of authorized representative of a member
	agarature of a memoer or authorized representative of a memoer
	Tarry R. Dekkedan Typed or printed name of signee

Filing Fee: \$25.00