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COVER LETTER

Division of Corpora	tions		
SUBJECT: EAGLE TO	Pam 1 Flo Name of Lie	wide Region mited Liability Company	3 LLC
The enclosed Articles of Amer	ndment and fee(s) are su	bmitted for filing.	
Please return all corresponden	ce concerning this matte	er to the following:	
		Name of Person	er, TR. Region 3 LLC
	6688 Green	nland Chase	Blud
	JACKSOM	PILLIE, FL	32256
_	Norman_ E-mail address	City/State and Zip Code Some of Code	18256 rellsouth, net
For further information concer			
Norman B	rewer	at (<u>904</u>)	110-5728
Name of Pers	on	Area Code	Daytime Telephone Number
Enclosed is a check for the fol	lowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Add	ress:

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

imited 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 ______ and assigned

Florida document number <u>L20000241555</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company her	<u>e</u> :
OPERATION FREEDOM	LLC	
The new name must be distinguishable and contain the words "Limited Lia		
Enter new principal offices address, if applicable:		veenland Chase Blud
(Principal office address MUST BE A STREET ADDRESS)	JACKSOI	WILLE , FZ 32258
		200
)H T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- T
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
Negistered Office Address.	Enter Florid	la street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and ay provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of n s provided for in Cl	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is
ĪfC	nanging Registered Agei	nt, 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
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			□Remove
			□Change
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If amending any other						
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Effective date, if other	the date must be spec	ине ана савносъе рег	or to date or thing or	more than 90 days af	ler filing.) Pursua	nt to 605.02
Note: If the date inserte document's effective date	ed in this block doe:	s not meet the appl	icable statutory til	ing requirements, t	his date will no	t be listed
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Filing Fee: \$25.00