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TO:

Registration Section

Division of Cor	porations			
	reedom Advocates, PLLC			
SUBJECT:	Name of Lim	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:		
	Hona Anderson			
		Name of Person		
	The Law Firm of Ilona De	menina Anderson, P.L.		
		Firm/Company		
	6600 Mahi Drive		2024 SEC	
		Address		
	Coral Gables, FL 33158		2024 JAN - 3 PH 1: 5 SECRETARY SEED FOR TALL AREAS SEED FOR THE STATE OF SEED FOR THE SEED FOR T	
		City/State and Zip Code	5 C P	
	ianderson@financialfreedor		<u> </u>	
	E-mail address: (to be used for future annual report not	ilication)	
For further information of	oncerning this matter, please c	all:	2.1	
Ilona Anderson		305 968-2670 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632	27	The Centre of	l'allahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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designation "LLC" or the abbreviation "L.L.C.	
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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
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	January 1, 202	4		
ctive date, if other than the date of fill effective date is listed, the date must be specific a	and cannot be prior to			
If the date inserted in this block does no ment's effective date on the Department o		e statutory filing r	equirements, this date w	ill not be listed
ord specifies a delayed effective date, but r filed.	ot an effective time	, at 12:01 a.m. on	he earlier of: (b) The	90th day after th
d December 30	2023			
	Mh.			
	The same	ed representative of		

Filing Fee: \$25.00