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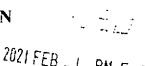
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## **COVER LETTER**

	ion Section of Corporations		-,		
E	rooth lama at	C1 - 117		. <b>v</b> e	
SUBJECT: 1	reestyle Travel	Juop LLC			
	Name of 1	Jimited Liability Company			
The enclosed Articl	les of Amendment and fee(s) are	submitted for filing			
		_			
ricase return all col	rrespondence concerning this mat	ter to the following:			
	Nicole	De Cic co  Name of Person			
		Name of Person			
	Freestyle	Travel Shop LLC			
	U	Firm/Company			
	1985 S. Oce	an Drive, Apt 7C			
		Address			
	the life and a	1. (1 270.00			
	Tracianua	City/State and Zip Code			
	freestaletra	Ivelshop @ gmail.	(8/24		
	E-mail address	s: (to be used for future annual report not	fication)		
For further informate	tion concerning this matter, please				
Nicole I	Delicuo	at ( <u>845</u> ) <u>492-7</u> Area Code Daytim	1434		
N	arne of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check	for the following amount:				
\$ \$25.00 Filing F	c.	☐ \$55.00 Filing Fee &	□ \$60.00 Filin	or E	
<b>4</b> 323.00 1 milg 1	Certificate of Status	Certified Copy		of Status &	
		(additional copy is enclosed)	Certified C (additional co	opy py is enclosed)	
Mailing Ac		Street Address:			
	ion Section		Registration Section		
Division P.O. Box	of Corporations	Division of Cor The Centre of T			
	see, FL 32314		ananassee e Street, Suite 810	)	
			.,		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Freestyle Travel Sh	OPLLC	
Fyelstyle Travel Sh (Name of the Limited Liabil (A Florid	lity Company as it now app la Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability		
Florida document number <u>L 21 0000 1 45 95</u>		leffective 1-01-2021)
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our	records, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Futor F	lorida street address
	Liner 1	
	City	, Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member	200	
<u>Title</u>	<u>Name</u>	Address 2021 FEB - 1 PM 5: 06	Type of Action
AMBR	Nicole Delicco	1985 S. Ocean Dr Apt.7C.	<b>)X</b> I Add
		Address  Address  1985 S. Ocean Dr Apt.7C  Hallandale, FL 33007	□Remove
			□Change
	w		DAdd
			Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	🗀 Add
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lf an effe <u>Note:</u> 1	ve date, if other than the date of filing:
e record rd is file	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 d.
Dated _	1-26-2021
	Under Dea
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00