

L21000074027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

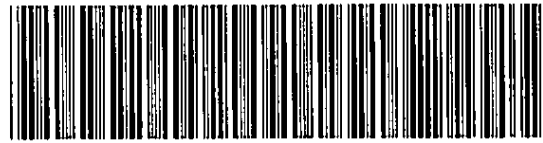
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CLERK OF COURT
SOUTH CAROLINA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREEDOM DRIVING, 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:

JEREMY MEDASTIN

Name of Person

FREEDOM DRIVING, LLC

Firm/Company

1301 SE LACONIA LANE

Address

PORT SAINT LUCIE, FL 34983

City/State and Zip Code

DRIVINGFREEDOM21@GMAIL.COM

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

For further information concerning this matter, please call:

JEREMY MEDASTIN

561 860-6807

Name of Person

at ()
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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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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>	<u>Type of Action</u>
MGR	GARY FORTUNE	977 SLAYDENWOOD RD	<input type="checkbox"/> Add
		VANLEER, TN 37181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAYLEE FORTUNE	977 SLAYDENWOOD RD	<input type="checkbox"/> Add
		VANLEER, TN 37181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ABELSON M ESTIMABLE	1633 N SEACREST BLVD	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOANNA MEDASTIN	1301 SE LACONIA LANE	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 MAR -8
OFFICE
ALL INFORMATION

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 13/01

[Handwritten signature]

Signature of a member or authorized representative of a member

JEREMY MEDASTIN

Typed or printed name of signee