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21 APR -5 PH 3: 35

COVER LETTER

TO: Registration Section Division of Corporations	.
SUBJECT: Florida Free	nnce iic
Na	ame of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning th	his matter to the following:
Sc	amantha Mims
F1(Drida Freelance, LLC. Firm/Company
2461	SVV 810+1 Ave
<u>Davi</u>	City/State and Zip Code
Samr E-mai	City/State and Zip Code NUIDAT NEUE amoul COM I add St. (to be used for fulfire annihal report notification)
For further information concerning this matter	
Samantha Mims Name of Person	at (954) 993 - 4733 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR -5 PH 3: 35

Florida Free an (Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on or ited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2100077857</u> .		
This amendment is submitted to amend the following: Thて	cowner of uc	and authorized person
A. If amending name, enter the new name of the limited		
The new name must be distinguishable and contain the words "Limited L	iability Company." the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new registered
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:	Enter Florida str	eet address
	(***	Florida Zip Code
N. D. Starre I America Circulations (Calculation Description of America	City	z.p c oae

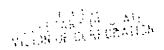
New Registered Agent's Signature, if changing Registered Agent:

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>	Address	21 APR -5 PA	3: 35 Type of Action
AP	Samantha Minns	2461 SW Davie, FL	86 th Ave	\$Add
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Samantha Mims needs to	
as an authorized person. T	his was a mistake whe
company was originally re If there are any question	egistered.
It there are any question	s please all me at
954-993-4733	Y
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tive date, if other than the date of filing: 2/10/21 rective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable stanent's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to (tutory filing requirements, this date will not be I
rd specifies a delayed effective date, but not an effective time, at liled.	12:01 a.m. on the earlier of: (b) The 90th day a
3/31 . 2021 .	
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