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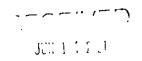
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PICK-UP	☐ WAIT	MAIL
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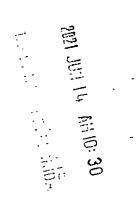
Office Use Only



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	COVER LETTER
FO: Registration Section Division of Corporations	••
SUBJECT: Freelance D Name of Li	eck UC mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
<u></u> 4a	rvel Campis Syarez Name of Person
	Firm/Company
ious co	2154 Strept
15900 30	o 71 St Street
Miami	FL 33193
	City/State and Zip Code
E-mail address	City/State and Zip Code Campis & Jahoo es (to be used for future annual report notification)
For further information concerning this matter, please	call:
Varvel Campis Suarez Name of Person	at (186) 173 - 4003 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee S30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freelance Deck	- UC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears or Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Colorida document number 1210004906		127/21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," the desig	nation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>		
		<u></u>	2
			27
Enter new mailing address, if applicable:		· 	
(Mailing address MAY BE A POST OFFICE BOX)	_		<u> </u>
	,	:	7
			ō:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our reco	rds, enter the name of	the now registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	City		Lip 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 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	Type of Action
MGR	Yarvel Campis Suarez	15408 sw 71st Street	🗆 🗆 Add
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			_ X Change
			□Add
			□Remove
			□Change
		W	□Add
		- · · · · · · · · · · · · · · · · · · ·	□Remove : □Change □ Add
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ctive date, if other than the date of filing:			(optio	nal)	
effective date is listed, the date must be specific and cannot be E. If the date inserted in this block does not meet the ap-	prior to date of	filing or more th	an 90 days after f	iling.) Pur:	
iment's effective date on the Department of State's reco					
ord specifies a delayed effective date, but not an effecti	ve time, at 11	2:01 a.m. on th	e earlier of: (b)	The 90r	th day after th
filed.	To thine, at 1		o em 1101 01, (17)		
d June 4 20:	7 I				
7 =	21.				
Stro					
Signature of member or					