LZ1000093673

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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COVER LETTER

TD: Registration S Division of Co		₹	
SUBJECT:	FREDLIDA	LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	_	
	DALIDA	A RIOS	
		Name of Person	
	FREDLI	DA LLC Firm/Company	
	2710 050	_	
	3110 CET	NTRAL AVE	
	ST PETERS	BURG FL 3371'	3
		City/State and Zip Code	
	E-mail address: (1	AND DELL @ 9 Mo	reaction)
For further information of	concerning this matter, please ca	all:	
DALIDA	RIOS	at (813) 701-	0138
Name (of Person	Area Code Daytime	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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration : Division of C		Registration Sec Division of Con	
P.O. Box 632	-	The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREDLIDA LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 210000 9 3 6 4 3</u> .	were filed on 02 105 / 202	1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3710 CENTRAL A	WE
(Principal office address MUST BE A STREET ADDRESS)	ST PETERSBURG FL	33711
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	eddress on our records, enter the nar	ne of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	7. 0
	, Florida	7:
	City	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

* AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
HGR	SHAYNE SADOWICK	3710 CATRAL AVE	Œ́Add
		ST PETERS 8112G FL 3371	<u> </u>
			🗆 Change
			🗆 Add
			□Remove
			□ Change
			DAdd
			□Remove
			Change
		-	□Change
			□Remove
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

If ameno	ing any other information, enter change(s) here: (Attach additional sheets, if neces.	sary.)
		· · · · · · · · · · · · · · · · · · ·
		
		
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f an effecti Note: If	date, if other than the date of filing:	ling.) Pursuant to 605.0207
record s d is filed	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	June 22 2023	. •
Jaice		
Jaieti		2) _J
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00