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COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: JSJ Freedom Financials, 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:		
Cindy Labissiere Name of Person		
JSJ Freedom Financials UC		
2079 NE 167th St APT 5		
Cindy labis Steve is financials. Com Elmail address: (to be used for luture about 1 report notification)		
For further information concerning this matter, please call:		
FRANT2 UABISSIERE at (186) 865-9617 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSJ Freedom (Name of the Limited L.	Financias Luciability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil		
Florida document number <u>L 21000128</u> 7	<u>149.</u>	
This amendment is submitted to amend the followir	าย:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida st	reet address
_		, Florida
	Cin	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:

Address

Type of Action

MGR = Manager

<u>Name</u>

Title

AMBR = Authorized Member

AMBR	Frantz Labissier	e 2019 NE 167th St	_ DANG
		Apt 5 North Miami	□Remove
		Beach, Fl 33162	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			;□Add _:2
			⊡Remove
			Change
			Remove
			□Change

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fective date, if other than the date of filing:	(optional)
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more the	han 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	quirements, this date will not be risted as
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	to earlier of (b). The 90th day after the
is filed.	te carrier of: (b) The 20th day after the
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Signature of a member or authorized representative of a	member
(!	

Filing Fee: \$25.00