## 12/00288769

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## **COVER LETTER**

TO: Registration So Division of Cor			
	FREEDOM FARM, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shelby Dorsey		
		Name of Person	<del></del>
	FOSTER FREEDOM FAI	RM, LLC	
	5210 Belfort Rd Suite 210		
	***************************************	Address	
	Jacksonville, FL 32256		
	shelby@freedomholdingsus	City/State and Zip Code	
	-	to be used for future annual report notification	n)
For further information of	concerning this matter, please ca	all:	
Shelby Dorsey		904 718-0698 at ( )	
Name of Person			phone Number
Enclosed is a check for t	he following amount:		
<b>■ \$25.00</b> Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Statue Certificate of Statue (additional copylis enclosed)
Mailing Address Registration Division of CP.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	tions FLE 2: 0 nassee ect, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FOSTER FREEDOM FARM, LLC

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I Florida document number 1.21000288769		/21/21 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>iere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:	registered office address on our	records, <u>enter the name of the new reg</u> ister
New Registered Office Address:	5210 Belfort Rd Suite 210	
	Enter Flo	orida street address
	Jacksonville	, Florida 32256
	City	Zip Code
New Registered Agent's Signature, if changing		
I hereby accept the appointment as register provisions of all statutes relative to the propactions of the obligations of my position as register being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance o gistered agent as provided for in gregistered office address, I here	of my duties, and I am familian with and Chapter 605, F.S. Or if this document is

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>	Type of Action
MGR	Obadiah G. Dorsey	P.O Box 395	□Add
		Glen Saint Mary, FL 32040	□Remove
			= Change
	Shelby L. Dorsey	P.O Box 395	□Add
		Glen Saint Mary, FL 32040	□Remove
		<del></del>	🖺 Change
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record specifies a delaye	ed effective date, b	out not an effect	ive time, at 12:0	1 a.m. on the earl	ier of: (b)	The 90th	ı day af	ter the
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	Signatui	re of a member or	authorized repres	entative of a memb	er	1388 108 108	<u> </u>	
Shelby Dorsey	y					E, F	;; -7	

Typed or printed name of signee

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