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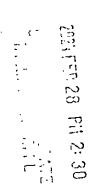
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## **COVER LETTER**

**Division of Corporations** FREEDOM CONTRACTING OF FLORIDA, LLC SUBJECT: \_ 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: George H. Knott, Esq. Name of Person Knott Ebelini Hart Firm/Company 1625 Hendry Street, Suite 301 Address Fort Myers, FL 33901 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: George H. Knott Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREEDOM CONTRACTING OF FLORIDA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/26/2021 and assigned Florida document number L21000337591 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

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>	Name	Address	Type of Action
MGR	Donavon Owens	5237 Summerlin Commons Blvd. Suite 212	🗆 Add
		Fort Myers, FL 33907	□Remove
			■ Change
MGR	Eric Liebl	5237 Summerlin Commons Blvd. Suite 212	<b>=</b> Add
		Fort Myers, FL 33907	□Remove
			□ Add
			□Remove
			□ Change
			Add ???
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<del></del>			□ Add
			□Remove
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			□Add
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	Member.
Donavon Owens and Eric Liebl are hereby designated to serve as the initial Managers.	
<del></del>	<del></del>
	C)
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	ptional) ifter filing.) Pursuant to 605.0
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	(h) The 90th day after:
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is filed.	

Filing Fee: \$25.00