## 121000359196

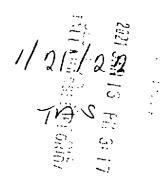
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
405 L5TH SUBJECT:	AVE. S. LLC		
30biec1,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	GARRETT WILKES		
		Name of Person	<del>-</del>
	K&R TAX ACCOUNTIN	G SERVICES LLC	
		Firm/Company	<del></del>
	2853 S. SOSSAMAN RD	STE A-101	
		Address	<del></del>
	MESA, AZ., 85212		
	info@krtaxes.com	City/State and Zip Code	·
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Garrett Wilkes		480 392-6801 ex	ii 114
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Sec	ction
Division of C P.O. Box 632		Division of Cor	porations
1.O. DOX 032	1	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

405 15TH AVE. S. 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 Compar	nv were filed on 08/10/2021	and assig	gned
Florida document number 1.21000359196	<del></del>		Ç.
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abl	breviation "L.I.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		17.17	
Enter new mailing address, if applicable:	172-	ب زیر	
(Mailing address MAY BE A POST OFFICE BOX)	2853 S. SOSSAMAN RD., STE. A-101		
	MESA, AZ., 85212	Ψ <u></u>	
B. If amending the registered agent and/or registered office	anddrass an our records, entar the name	o of the nour	(4)
agent and/or the new registered office address here:	e address on our records, enter the name	e or the new	-:
		• •	
Name of New Registered Agent:			
New Registered Office Address:			
new regimered office rividess.	Enter Florida street address . <b>Florida</b>		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>		
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am fo s provided for in Chapter 605, F.S. Or,	amiliar with if this docur	and jent is
	nanging Registered Agent, Signature of New Reg		

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	WF Freedom Fund   Managers LLC	2853 S. SOSSAMAN RD., STE A-101	
		MESA, AZ., 85212	□ Remove
			■ Charge
			□Remove
			□Change
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nn effective date i ote: If the date	Tother than the date of filing listed, the date must be specific and inserted in this block does not relieve date on the Department of S	d cannot be prior to dat neet the applicable s	e of filing or more than 90 statutory filing requirer	(optional) days after filing.) Pursuar nents, this date will not	nt to 605. 220' be listed as
ecord specifies is filed.	a delayed effective date, but not	an effective time, a	it 12:01 a.m. on the ear	lier of: (b) The 90th d	lay after the
	Jan 05 2022				
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ated	Signature of a	member or authorized	representative of a memb	er	$- \mid$

Filing Fee: \$25.00