KZ1000359359

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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A. BUTLER JAN 2 4 2022

COVER LETTER

Tallahassee, FL 32314

| TO: Registration S Division of Co | Section orporations | | |
|-----------------------------------|---|---|----------------|
| SUBJECT: 1318 IST | ST. N. LLC | | |
| 30b)ECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | oundence concerning this matter | to the following: | |
| | GARRETT WILKES | | |
| | | Name of Person | |
| | K&R TAX ACCOUNTIN | IG SERVICES LLC | |
| | | Firm/Company | • |
| | 2853 S. SOSSAMAN RD | STE A-101 | |
| | | Address | |
| | MESA, AZ., 85212 | | |
| | | City/State and Zip Code | |
| | info@krtaxes.com | | |
| | E-mail address: (| to be used for future annual report notification) | |
| For further information | concerning this matter, please c | all: | |
| Garrett Wilkes | | 480 392-6801 ext 114 | |
| Name | of Person | at () | |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified | le of Status & |
| Mailing Addre | | Street Address: | |
| Registration Division of 0 | Section Corporations | Registration Section Division of Corporations | |
| P.O. Box 63 | | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1318 IST ST. N. LLC | |
|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) |
| (A Fiorida Limited | |
| | and the state of t |
| he Articles of Organization for this Limited Liability Company | were filed on 08/10/2021 West and assigned |
| | |
| orida document number L21000359359 | |
| | |
| nis amendment is submitted to amend the following: | |
| 10 11 4 4 64 11 14 11 1 | Mr. I |
| . If amending name, enter the new name of the limited liab | nuty company here: |
| | |
| ne new name must be distinguishable and contain the words "Limited Liabi | Histor Commons, With a designation of LCW and the address of LCC. |
| te new name must be distinguishable and contain the words. Emitted Liabi | my company, the designation 1.1.C of the appreviation 1.1.C. |
| nter new principal offices address, if applicable: | |
| meet new principal offices address, it applicable. | |
| rincipal office address MUST BE A STREET ADDRESS) | |
| | |
| | · |
| | |
| nter new mailing address, if applicable: | |
| nter new maning address, if applicable: | 2052 G GOGGAMAN PR. GTC 4 101 |
| <u> Jailing address MAY BE A POST OFFICE BOX)</u> | 2853 S. SOSSAMAN RD., STE. A-101 |
| | MESA, AZ., 85212 |
| | |
| | |
| If amending the registered agent and/or registered office | address on our records, enter the name of the new registe |
| ent and/or the new registered office address here: | |
| | |
| , | |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | |
| | Florida _ |
| | City Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

THE LOW CT ME LAC

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, 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 | WF Freedom Fund Managers LLC | 2853 S. SOSSAMAN RD., STE A-101 | □Add |
| | | MESA, AZ., 85212 | □ Remove |
| | | | ■ Change |
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| Note: If the d | e, if other than the date of filing: | .0207 (ed as t |
| e record specit ord is filed. | ries 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 | Jan 05 2022 | |
| | | |
| | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00