

K21 000359487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

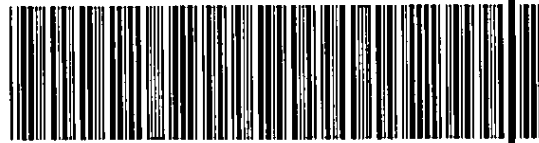
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

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2021 JAN 13 PM 3:17
CLERK'S OFFICE
TAS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 405 6TH AVE. N. 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:

GARRETT WILKES

Name of Person

K&R TAX ACCOUNTING 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 call:

Garrett Wilkes

480 392-6801 ext 114

_____ at (_____)

Daytime Telephone Number

Name of Person

Enclosed is a check for the 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 Address:

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

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> | <u>Type of Action</u> |
|--------------|--------------------------------|---------------------------------|--|
| MGR | WF Freedom Fund I Managers LLC | 2853 S. SOSSAMAN RD., STE A-101 | <input type="checkbox"/> Add |
| | | MESA, AZ., 85212 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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2020 JAN 14 PM 1:18
RECEIVED
STATE OF ARIZONA
DEPARTMENT OF REVENUE
TAX SERVICES DIVISION
TOLSON

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 JAN 13 PM 3:10
FBI - NEW YORK

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Jan 05 2022

Case

Signature of a member or authorized representative of a member

Carly Dacosta

Typed or printed name of signee

Filing Fee: \$25.00