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COVER LETTER

TO:

Registration Section Division of Corporations

subject: <u>Fre</u>	edom One P Name of Lim	Finally, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		Elsayed Name of Person	
	Freedom Or	ne Finally, LLC Firm/Company	<u>-</u>
		5 St. N., Suit	
	Anellas t	Park, FL 337 City/State and Zip Code Potmail. Code to be used for future annual report noti	78/ 3 <i>m</i>
	ncerning this matter, please ca	ail:	
Name of	d ElSayed Person	at (<u>727</u>) <u>420 - 6</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ame of the Limited Liability Company as it now appears on our records.) 9/21/2021 The Articles of Organization for this Limited Liability Company were filed on Florida document number _ L 2/000 408 022 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	MAREK RUSIECKI	330-3 street South Af ST. Petersburg FL 337	?\411 <u>'0 </u> ⊡≾₀₀
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Note: If the	late, if other than the date of e date is listed, the date must be spec- te date inserted in this block does s effective date on the Departme	s not meet the applicable sta	filling or more than 90 days after fit utory filling requirements, this d	al) ing.) Pursuant to 605.0207 (3 ate will not be listed as the
he record spe ord is filed.	ecifies a delayed effective date, b	out not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	1/24	2022		•
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-	Signatur	re of a member of authorized re	presentative of a member	
	Mohamed	Elsaved		
-	/ IUIMITEU	Typed or printed name	of signee	<u> </u>

Filing Fee: \$25.00