## KZ1000418788

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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## **COVER LETTER**

Division (	of Corporations		
SUBJECT:	3TH AVE. N. LLC		
Somet.	Name of Lim	ited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	GARRETT WILKES		
		Name of Person	
	K&R TAX ACCOUNTIN	G 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 noti	fication)
For further informa	tion concerning this matter, please c	all:	
Garrett Wilkes		480 392-6801 ex	t 114
	lame of Person		e Telephone Number
Enclosed is a check	c for the following amount:		
<b>≡</b> \$25.00 Filing F		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u>	.ddress:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

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

150 13TH AVE. N. 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		and acciden	1
Florida document number L21000418788	were med on	and assign	iea
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abb	reviation "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		50	
			,
Enter new mailing address, if applicable:		ာ် လ	
(Mailing address MAY BE A POST OFFICE BOX)	2853 S. SOSSAMAN RD., STE. A-101		•
	MESA, AZ., 85212	$\sigma_{ij} = 0$	>
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	<del></del>		::
B. If amending the registered agent and/or registered office	<del></del>		-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	<del></del>		-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	<del></del>		-
Name of New Registered Agent:	<del></del>		-
agent and/or the new registered office address here:	address on our records, enter the name		-
agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name  Enter Florida street address		-
agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name</u> Enter Florida street address  Florida	of the new re	-
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  City		-
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:	Enter Florida street address  City	of the new re	egiste
Name of New Registered Agent:  New Registered Office Address:	Emer Florida street address  City  ee to act in this capacity. I further agree performance of my duties, and I am factorovided for in Chapter 605, F.S. Or, is	Zip Code  ze to comply y miliar with as f this docume	with t
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	Emer Florida street address  City  ee to act in this capacity. I further agree performance of my duties, and I am factorovided for in Chapter 605, F.S. Or, is	Zip Code  ze to comply y miliar with as f this docume	with t
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	Emer Florida street address  City  ee to act in this capacity. I further agree performance of my duties, and I am factorovided for in Chapter 605, F.S. Or, is	Zip Code  ze to comply y miliar with as f this docume	with t

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	<u>Address</u>	Type of Action
MGR	WF Freedom Fund   Managers LLC	2853 S. SOSSAMAN RD., STE A-101	□Add
		MESA, AZ., 85212	□Remove
			<b>≣</b> Change
			🗆 Add,
			□Remove
			□ Change
			□ Remove
			————□Charge ————□Add
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an effective <u>ote:</u> If the	ate, if other than the date of filing:	.) Pursuant to	o 605.0207 ( : liste‡ as ti
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	ie 90th day	after the
is filed.			
	Jan 05 2022		
is filed.	Jan 05 2022  Signature of a member or authorized representative of a member		

Filing Fee: \$25.00