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| (Requestor's Name) |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: Q. SILAS |
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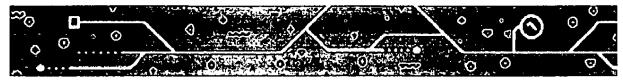
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2021 DEC 14 PX 12: 41



zenbusiness

Dec 10, 2021

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Treedom LLC

To Whom It May Concern:

_____Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

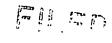
ZenBusiness Inc Attention: Kelly Castro 5511 Parkcrest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you.

Kelly Castro ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2021 DEC 14 PH 12: 14

| | SECRETA | |
|--|---|----------------|
| (Name of the Limit | SECRET : Stellity Company as it now appears on our records.) [A] [] (A Florida Limited Liability Company) | TO SELECT |
| | iability Company were tiled on 09/27/2021 ar | |
| orida document number 1.21000423643 | | |
| is amendment is submitted to amend the foll | owing: | |
| If amending name, enter the new name o | f the limited liability company here: | |
| eedom Retreats LLC | | |
| new name must be distinguishable and contain the v | sords "Limited Liability Company," the designation "ELC" or the abbreviat | ion "L.L.C." |
| iter new principal offices address, if applic | eable: | |
| rincipal office address MUST BE A STREE | ET ADDRESS) | |
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| iter new mailing address, if applicable: | | |
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| ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE If amending the registered agent and/or r | BOX) registered office address on our records, enter the name of the | ne new registe |
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| ter new mailing address, if applicable: Sailing address MAY BE A POST OFFICE If amending the registered agent and/or rent and/or the new registered office addre | BOX) registered office address on our records, enter the name of the | ne new registe |

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 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 |
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| Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep | he specific and cannot be prior t ck does not meet the applica | to date of filing or more than | | |
| the record specifies a delayed effective cord is filed. | date, but not an effective tir | ne, at 12:01 a.m. on the e | arlier of: (b) The 90th day | after the |
| Dated December 10 | . 2021 | | | |
| /s/Samuel Jam | (L) Signature of a member or autho | or and source outsits of a ma | mber | _ |
| Samuel James | ngmatae of a member of author | an ea representative of a file | | |
| Samuel James | Typed or printe | d name of signce | | |

Filing Fee: \$25.00