L21000448178

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	_

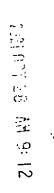
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A. RIVERS NOV 0 8 2021



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	tral FL Freediv	es LLC	<i>.</i>
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	_	
	Jesuira	Name of Person	
	Central F	7 Freedivers	
	237 Merlin	Address	
	Itaines City	FC 33844 City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Yesaira R	liverz	at (813) 731 - 70 Area Code Daytime	Telephone Number
Name of	reson	Area Code Dayune	r deprione Number
Enclosed is a check for th	c 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cerrial +C treedilex	5 WC		
(A Florida I.	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number 421000 448 178	ompany were filed on 10/13/2021	and assi	.C."
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the new	registered
		Á	
Name of New Registered Agent:			·;
New Registered Office Address:		<u> </u>	1
	Enter Florida street address	9: 1	
	, Florida _	Zip Code	
	Cuk	mp cone	

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

Contai TI T

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 = N $AMBR = A$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mary Am Zukowski	1432 Landover Ave Dollana	□Add
	V	LT 351.92	□ Remove
			EChange
MAR	Jesaira Rrivera	a 237 Media St Hames City, FZ	½ ∕Add
		33844	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
		□R	□Remove
			□Change

<u>U</u>	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
9.	entral FL Freedings U.C. Ower: Mary Ann Zukowski	
	d Yescara Rivera Updating titles to managers	
	s generally the to mayors	
_		
	date, if other than the date of filing: (optional)	
	e 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
ument'	s effective date on the Department of State's records.	
ocard en	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r th
s filed.	Zines a delayed effective date, but not all effective diffe, at 12.01 a.m. of the carrier of. (b) The 20th day area	
ted	October 03 RD.	
	10.00	
	Signature of a member or authorized representative of a member	
	Jesaira Rivera Typed or printed name of signee	