## 121000496524

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T. MATTHEWS DEC -7 2021

### COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Addition of	f Title Manager		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Kiger		
		Name of Person	
	Freinds to Elect Lateresa J		
		Firm/Company	
	PO Box 3475		
		Address	
	Palm Beach FL 33480		
		City/State and Zip Code	···-
	Rkiger@RestoringUSA.org	to be used for future annual report noti	fration
For further information c	oncerning this matter, please co	·	neation
	matter, prease c.	an,	
Robert Kiger	C.D.	at (720 ) 8374528	
Name of	t Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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### FRIENDS TO ELECT LATERESA A. JONES (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 were filed on 11/12/2021 and assigned Florida document number L21000486524 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 "L.L.C." 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

#### 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.

City

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>	Address 21 RS1 22 PN 3: 28	Type of Action			
MGR	ROBERT KIGER	PO BOX 3475	<b>=</b> Add			
		PALM BEACH FL 33480	□Remove			
			Change			
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ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the ocument's effective date on t	te must be specific and his block does not m	cannot be prior to neet the applicab	date of filing or mode statutory filing	(option of than 90 days after trequirements, this	filipa ) Durenout to 60	05,0207 sted as
record specifies a delayed eft Lis filed.	ective date, but not	an effective tim	e, at 12:01 a.m. o	n the earlier of: (b.	) The 90th day aft	er the
r is tried,						
ated <u>NOVEMBER 17</u>		2021				
as med.	Signature of a m		ved representative c	of a member		