

h22 0000 10936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

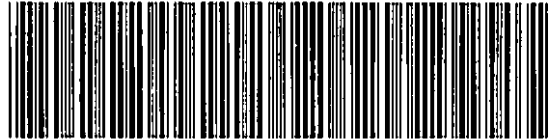
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/22--01011--016 **25.00

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2022 FEB 23 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
MAR 11 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2022

DENICE JOVAL
5422 BANKY CT
WEST PALM BEACH, FL 33415

SUBJECT: FREEDOM AWARE LLC
Ref. Number: L22000010936

We have received your document for FREEDOM AWARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 922A00004656

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freedom Aware LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denice Joval
Name of Person

Freedom Aware LLC
Firm/Company

5422 Bony CT
Address

West Palm Beach FL 33415
City/State and Zip Code

Fr3domaware@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denice Joval at (954) 864 9244
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

SECRETARY OF STATE
TALLAHASSEE, FL

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

Freedom Aware 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 were filed on 01-04-2022 and assigned Florida document number L22000010936.

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)

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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

Florida

Zip Code

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, 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>	<u>Address</u>	<u>Type of Action</u>
President	Faisia Soerapawiro	5422 Bonky Ct	<input checked="" type="checkbox"/> Add
		West Palm Beach	<input type="checkbox"/> Remove
		FL 33415	<input type="checkbox"/> Change
AMBR	Kay Edwards	5422 Bonky Ct	<input type="checkbox"/> Add
		West Palm Beach	<input checked="" type="checkbox"/> Remove
		FL 33415	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2025 FEB 28 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FL
Remove
Change
Add
Remove

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2022 FEB 23 PM 6:19
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TALLAHASSEE, FL

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TALLAHASSEE, FL

FD-302

(If an effective 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 605.02(7)(3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/5/2022

Signature of a member or authorized representative of a member

Denice c. Jova

Typed or printed name of signee

Filing Fee: \$25.00