

1220000 19200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAR 25 2021

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FILED  
2022 MAR 25 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
APR 11 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FREED CENTERS 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:

DILLON FREED

Name of Person

FREED SPACES LLC

Firm/Company

900 WEST AVE. #117

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

dillon.d.freed@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DILLON FREED

347 755-4755  
at ( )

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

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

2022 MAR 25 AM 7: 17

FREED CENTERS LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~  
(A Florida Limited Liability Company)

~~SECRETARY OF STATE~~  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01-10-2022 and assigned  
Florida document number L22000019200.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FREED SPACES LLC

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:**

424 PARK PLACE

**(Principal office address MUST BE A STREET ADDRESS)**

WEST PALM BEACH, FL 33401

**Enter new mailing address, if applicable:**

900 WEST AVE.

**(Mailing address MAY BE A POST OFFICE BOX)**

#117

MIAMI BEACH, FL 33401

**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:

900 WEST AVE. #117

*Enter Florida street address*

MIAMI BEACH

*City*

Florida 33139

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(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 605.0207 (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 03/17, 2022

*Willford*

Signature of a member or authorized representative of a member

DILLON FREED

Typed or printed name of signee