

L22000027425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

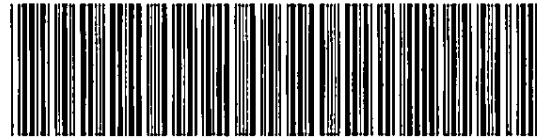
(Business Entity Name)

(Document Number)

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STG 1  
STG 2



Department of State / Division of Corporations / Search Records / Search by Entity Name /

**Detail by Entity Name**Florida Limited Liability Company  
FREE MY MIND, LLC**Filing Information**

Document Number	L22000027425
FEI/EIN Number	NONE
Date Filed	01/12/2022
Effective Date	01/12/2022
State	FL
Status	ACTIVE

Missing Please make  
Correction**Principal Address**820 NW 109TH ST  
MIAMI, FL 33168**Mailing Address**820 NW 109TH ST  
MIAMI, FL 33168Make  
Correction for both  
Please  
\* Form & Money  
Attached order**Registered Agent Name & Address**PASCAL, ANTONIA  
820 NW 109TH ST  
MIAMI, FL 33168Please make  
Correction**Authorized Person(s) Detail****Name & Address**

Title CEO

PASCAL, ANTONIA  
820 NW 109TH ST  
MIAMI, FL 33168

Please make correction

Please make correction

**Annual Reports**

No Annual Reports Filed

**Document Images**

01/12/2022 - Florida Limited Liability

View image in PDF format

\* Thank you in advance!

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Free My Mind, 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:

Dr. Antonia Pascal

\_\_\_\_\_  
Name of Person

Free My Mind, LLC

\_\_\_\_\_  
Firm/Company

10750 NW 6th Ct. #124

\_\_\_\_\_  
Address

Miami, Florida. 33168

\_\_\_\_\_  
City/State and Zip Code

recovery@freemymindllc.com

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

For further information concerning this matter, please call:

Dr. Antonia Pascal

888 525-5528  
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**

Free My Mind, 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 January 12, 2022 and assigned  
Florida document number 87-4390681.

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)**

10750 NW 6th Ct. #124

Miami, Florida. 33168

Ph: 888-525-5528

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

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

P.O. Box 246432

Pembroke Pines, Florida. 33024

**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:

P.O. Box 246432

Enter Florida street address

Pembroke Pines

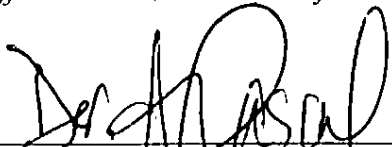
Florida 33024

City

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>
MGR	Dr. Antonia Pascal	P.O. Box 246432	<input checked="" type="checkbox"/> Add
		Pembroke pines, Florida. 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ashanti Pascal	P.O. Box 246432	<input checked="" type="checkbox"/> Add
		Pembroke Pines, Florida. 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Abrielle Pasal	P.O. Box 246432	<input checked="" type="checkbox"/> Add
		Pembroke Pines, Florida. 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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AM 10:10  
10


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SECRET  
2022 DEC -7 PM 11:11

(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.

ember 28, 2022



Signature of a member or authorized representative of a member

Typed or printed name of signee