## 122000161983

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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
	e Free Team LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		_	
r lease return att corresp	ondence concerning this matter	to the following.	
	Trevor snyder		
		Name of Person	
		Firm/Company	
	4964 Parkview Dr.	· mir company	
		Address	
	Saint Cloud, FL 34771	_	
	<del>-</del>	City/State and Zip Code	
	info@landofthefreeflorida.i	nfo to be used for future annual rep	ort a difference and
For further information of	concerning this matter, please c		or normanon
Trevor Snyder	·	208 660-0,	382
Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclose	Certificate of Status &
Mailing Addre		Street Addr	
Registration Division of C		Registratio	on Section of Corporations
P.O. Box 633			e of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 APR 16 Du 3: 45

Land of the Free Team LLC

(Name of the Limited Liability Company as it now appears on our records, 1977) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>02/09/2022</u>	and assigned
Florida document number L22000067983		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Trevor Snyder LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u>.</u>
Enter new mailing address, if applicable:	- <u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registered
agent and the new registered with a state of the		
Name of New Registered Agent:		
New Registered Office Address:	Emer Fiorida street addre	***
	, F	lorida 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 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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			□Remove
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		<del></del>	Remove
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			□Remove
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te of filing:	(optional)	
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specific and cannot be prior to date does not meet the applicable s	of filing or more than 90 days after filing ) Por	
does not meet the applicable s	of the state of th	Pursuant to 605.0203
spi	of filing:	

Filing Fee: \$25.00