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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

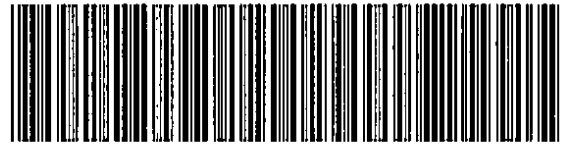
(Business Entity Name)

(Document Number)

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03/14/22--01018--013 \*\*25.00

2022 MAR 14  
3-25-20  
TAS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: F.E. FREEMAN ENTERPRISES L.L.C.  
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:

FREEMAN, BRETT

Name of Person

Firm/Company

4479 WINONA LANE

Address

PACE, FLORIDA 32571

City/State and Zip Code

FE FREEMAN group@gmail.com

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

For further information concerning this matter, please call:

FREEMAN, BRETT

Name of Person

at ( 321 )

Area Code

750 4862

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

2022 MAR 14 AM 8:03  
OFFICE OF THE CLERK  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

F.E. FREEMAN ENTERPRISES L.L.C.

**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>
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<u>HBIC</u>	<u>ANGEL SCARPITI</u>	<u>4479 WINONA LANE</u>	<input type="checkbox"/> Add
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PACE, FLORIDA 32571

☒ Remove

☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NO CHANGE

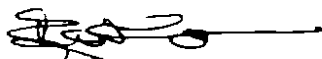
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 15 MARCH, 2020.



Signature of a member or authorized representative of a member

FREEMAN, BRETT

Typed or printed name of signee

Filing Fee: \$25.00