L22000 156633

Office Use Only



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	•	COVER LETTER	•
TO: Registration Se Division of Cor			
SUBJECT:	R Freedom Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	indence concerning this matter	to the following:	
For further information c	LR F 6024 Milh Tallahasse Frentz	City/State and Zip Code © SVN . Com to be used for future annual report notif	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
及 \$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 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	• Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO

2022 OCT 26 PH 4: 24

ARTICLES OF ORGANIZATION SECRETARY OF COMPACT AND ARTICLES OF ORGANIZATION SECRETARY OF COMPACT AND ARTICLES OF COMPACT AND AR

LR Freedom F	tir LLC
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability (Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2L600156633</u>	were filed on $3/31/22$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
Name Parasi state of Office Addresses	
New Registered Office Address:	Enter Florida street address

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR - Manager

AMBR = Authorized Member

Title **Name** Address Type of Action Andrew Rentz 6024 Miller Landing Cr DAdd Tallahassa FC 323/2 [FRemove MGR John Timothy Lead beater 2736 Everett Lane Add Tallahasser, FL 32308 DRemove ______ Change _____ _ _ _ _ _ _ _ _ _ _ Remove ____ DChange _____ Change ______ Remove ______ □Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is til	d 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 led.
Dated	October 26 2022. Linni P. Red Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Francis P. Rental Typed or printed name of signce

Filing Fee: \$25.00