L2200019849	S
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(R	equestor's Name)	
(A(ddress)	
(A	ddress)	
(Cr	ity/State/Zip/Phone #)
		MAIL
(8	usiness Entity Name)	
(D)	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	
	Office Use Only	,







TOUS AND 29 ANN: 22

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: 120210000160: \$25.00

Authorization Signature:

FREEDOM	OLDE	FLORIDA,	LLC
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L22000198498 DOCUMENT

__Certified Copy

___Certificate of Status

NEW FILINGS

- ____Profit Corp
- ____Not for Profit
- ____Limited Liability
- ____Domestication
- ___LLLP
- ___CORP
- ___Other
- ___Other

OTHER FILINGS

Annual Report

Fictitious Name

Apostille

___Country

REGISTERATION/QUALIFICATIONS

__Restated Articles of Incorporation

AUG 29

NH II: 22

___Resignation of R.A. Officer/Director

___Change of Registered Agent

Revocation of Dissolution

Articles of Conversion

Statement of Authority

__Foreign filing

AMMENDMENTS

_x_Amendment

___Merger

- ___Reinstatement
- ____Qualification
- __Other

EXAMINER'S INITIALS:

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	· · · · · · · · ·	LUVER LETTER			
TO: Registration Se					
Division of Cor	-				
FREEDOM	OLDE FLORIDA, LLC				
SUBJECT:	No	ted Liability Company			
	Name of Lim	ted trannity Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Luca Di Nunzio				
		Name of Person			
	Dorcey Law Firm				
	······································	Firm/Company			
	10181 Six Mile Cyp	ress Pkwy, Suite C			
	<u></u> ,	Address			
	Fort Myers, FL 339	66			
	support@dlfregister	City/State and Zip Code redagent.com			
	E-mail address: (to be used for future annual report notific	ation)	2023	
For further information e	oncerning this matter, please ca	alt:			้. เ 1 ยี
Luca Di Nunzio		239 308-1073 at ()		6 2 9	مر، ستری د
Name o	f Person		l'elephone Number		
Enclosed is a check for the	ne following amount:			1:22	
X \$25.00 Filing Fee	\$30.00 Filing Fee &	🗇 \$55.00 Filing Fee &	□ \$60.00 Filin	e Fee.	
29 525.00 T fing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status &	
Mailing Adding	201	Street Address:			
Mailing Addres	<u>n.</u> Contion	Bagistration Sect	ion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuŞign Envelope ID: F981685F-22BD-43F7-AF11-6B86AD06C23D AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREEDOM OLDE FLORIDA, LLC		
(<u>Name of the Limited Lial</u> (A Floa	bility Company as it now appears on or rida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability L22000198498 Florida document number		/2022 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		6.6
B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office address on our record <u>e</u> :	
Name of New Registered Agent:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
New Registered Office Address:	Enter Florida str	eet address
		, Florida
	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.

DocuSign Envelope ID: F981685F-22BD-43F7-AF11-6B86AD06C23D II amenuing Autorized rerson(s) autorized 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>	Address	<u>Type of Action</u>
MGR	Michael A. Scott	10181 Six Mile Cypress Pkwy Ste C	XIAdd
	······································	Fort Myers, FL 33966	ZIAdu
			🗆 Remove
		·	🗆 Change
			🗆 Add
			🗋 Remove
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		<u> </u>	🗆 Remove
			🗋 Change
			🗆 Add
			🗆 Remove
			□Change

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

······································

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.

8/28/2023 Dated _______. Joshua O. Dorcey _____________. Signature of a member or authorized representative of a member

Joshua O. Dorcey

Typed or printed name of signee

Filing Fee: \$25.00