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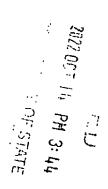
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| eun ie | | Freedom Swe | eeney | | • | | | | | |
| SUBJE | Name of Limited Liability Company | | | | | | | | | |
| The enc | losed . | Anticles of A | mendment and fee(s) are sub | mitted for filing. | | | | | | |
| Please re | eturn a | all correspond | dence concerning this matter | to the following: | | | | | | |
| | | | Daniel Sweeney | | | | | | | |
| | | | | Name of Person | | | | | | |
| | | | Freedom Sweeney | | | | | | | |
| | | | | Firm/Company | · · | | | | | |
| | | | 22042 Boca Place Dr Apt | 8 1 6 | | | | | | |
| | | | | Address | | | | | | |
| | | | Boca Raton, FL 33433 | | | | | | | |
| | | | | City/State and Zip Code | | | | | | |
| | | | SweeneyFILLC@gmail.com E-mail address: (| m to be used for future annual | report notification |) | | | | |
| For furth | her inf | ormation cor | ncerning this matter, please c | all: | | | | | | |
| Daniel Sweeney | | | | 561 78 | 8- 3709 | | | | | |
| | | Name of I | Person | Area Code | Daytime Telep | hone Number | | | | |
| Enclose | d is a | check for the | following amount: | | | | | | | |
| □ \$25 | 5.00 Fi | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is end | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | | ing Address: | | Street A | | | | | | |
| Registration Section Division of Corporations | | | | Registration Section Division of Corporations | | | | | | |
| P.O. Box 6327 | | | | | The Centre of Tallahassee | | | | | |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Freedom Sweeney | | | | |
|---|---|--------------------------|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company Florida document number L22000209475 | were filed on 5/3/22 | 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: | | | |
| he new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or t | he abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 22042 Boca Place Dr Apt 8 I 6 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Boca Raton, FL 33433 | | | |
| 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, enter the | name of the new regist | | |
| Name of New Registered Agent: | | 07 74 17 | | |
| New Registered Office Address: | Enter Florida street address | 1 3: L | | |
| | , Florid | | | |
| | 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 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> | Name | Address | Type of Action |
|--------------|---------------|-----------------------|-----------------------|
| | Tiffany Tezna | 3424 Somerset Park Dr | □ Add |
| | | Orlando, FL 32824 | ■Remove |
| | | | □ Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: _ (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 10/11/2022. Daniel Sween cy Typed or printed name of signee