L22000 262069

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(Ac	ldress)			
(Ac	idress)			
(City/State/Zip/Phone #)				
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(Document Number)				
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Freedom KendScapina Lic 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:
Robert A Reterson
Freedom landsraping LLC
1185 W brandywine St
lecanto Fl 3446/ City/State and Zip Code
Freedom land Scaping 1106 agmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pobert 77 Pederson at 352 488-8800 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF The Articles of Organization for this Limited Liability Company were filed on ______ Florida document number L22000 262669 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida _

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>	Address	Type of Action
MGR	Robert A Peterson	1185 w brandywine St	tvAdd
		locanto f1, 34461	□Remove
			Change
MGR	Donna) Smith	1185 w brandy wine St	
		100000 Fl 34461	Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
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