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SECRETARY OF STATE TALLAHASSEE, FL

2022 NOV -1 PM 12: 23

COVER LETTER

TO:

TO: Registration Se - Division of Cor			
	N STREET LLC		
SUBJECT:	Name of Lim	ited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jena Baker-Dennis		
		Name of Person	
		Firm/Company	
	105 S Ponce De Leon Blvo	1	
		Address	
	Saint Augustine, FL 32084	·	_
		City/State and Zip Code	
	gerealtyteam@gmail.com	to be used for future annual report no	ei Cantion)
For further information c	oncerning this matter, please co		meason
Jena Baker-Dennis		904 \$06-4274	
Name o	f Person		me Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our renited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Completion of Complete Line Line Limited Liability Complete Liability C	pany were filed on <u>09/23/22</u>	and assigned
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 ADDRES	<u></u>	
		SECRET TALL!
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		H) SSIE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
	City	, Florida

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>	<u>Name</u>	Address	Type of Action
ММ	INFINITE FUTURES LLC	105 S PONCE DE LEON BLVD	
		ST AUGUSTINE, FL 32084	≣ Remove
			□Change
MGR	THE FREEDOM BELL TRUST	105 S PONCE DE LEON BLVD	■Add
		ST AUGUSTINE, FL 32084	□Remove
			□Change
			🗀 Add
			Remove
			Change
			□Add
			🗆 Remove
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	ate of filing:		(optional)	
Effective date, if other than the da	a conscitic and connect be said			
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fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department specifies a delayed effective d	k does not meet the appli artment of State's records	s.		
Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the date in the Department of the date of the Department of the Depart	k does not meet the appli artment of State's records	s.		
fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of specifies a delayed effective date is filed. Dated OCTOBER 20	k does not meet the appliantment of State's records late, but not an effective to the state of t	s. time, at 12:01 a.m. on the	e earlier of: (b) The 90th d	ay after the
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the Property of the file of the file of the file of the file of the Department of the Property of the file of the file of the file of the Property of the file of the Property of the file of the	k does not meet the appliantment of State's records late, but not an effective to the state of t	s. time, at 12:01 a.m. on the		ay after the

Filing Fee: \$25.00