# 122200508274

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DATE:

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02/22/23

NAME:

ULTRA FREEDOM LLC

TYPE OF FILING: AMENDMENT

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то:		istration Sec ision of Corp				
enn re	err.	ULTRA FRI	EEDOM LLC			
SORJE	CI:		Name of Lim	nited Liability Company	<del></del> -	
The enci	losed	Articles of A	mendment and fee(s) are sub	emitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			DAVID K. CLEMENS			
				Name of Person		
			ULTRA FREEDOM LLC			
				Firm/Company	<del></del>	
			2541 N. DALE MABRY #	<del>‡</del> 126		
				Address		··-
			TAMPA, FL 33607			
			david@dkelending.com	City/State and Zip Code		
			E-mail address: (t	to be used for future annual	report notification)	
For furth	er in	formation cor	ncerning this matter, please ca	all:		
KYLE A	A. DE	ELGADO, ES		516 30		
	•	Name of I		Area Code	Daytime Telepho	one Number
Enclosed	l is a	check for the	following amount:			
\$25.0	00 Fí	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2023 FEB 22 PM 12 03

ULTRA FREEDOM LLC		10 22 11112 93
(Name of the Limited Liab (A Flori	ility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L22000508274</u>	Company were filed on 12/06/2	022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADD	ORESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
wante and the second se		-
	<del>.</del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our record :	ds, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
		, Florida Zip Code
	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.

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II amenuing Authorized rerson(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
MGR	Taylor Clemens	2541 N. DALE MABRY #126	<b>≣</b> Add
		TAMPA, FL 33607	□Remove
			□Change
			□Remove
			□Change
			□Remove
		-	□Change
		<del></del>	□Add
			□Remove
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<u>Note:</u> 11	e date, if other than the date of filing:
f the record ecord is filed	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 d.
Dated _	2/22/23
	David te. Clemens
	Signature of a member or authorized representative of a member
	David K., Clemens
	Typed or printed name of signee

Filing Fee: \$25.00