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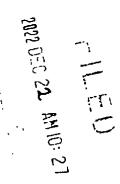
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CT: Que	st2freedom	LG.			
L1:		Name of Lin	nted Liability Company		
losed Art	icles of Am	endment and fee(s) are sub	mitted for filing.		
eturn all (corresponde	ence concerning this matter	to the following:		
		Victor Williams			
			Name of Person		
		Quest2freedom LLC			
			Firm/Company		
		1900 N Bayshore Dr., Ap	2316		
			Address		
		Miami, FL 33132			
			City/State and Zip Code		
		victor@quest2freedom.org			
		E-mail address:	(to be used for future annual re-	port notification)	
her infor	mation cond	erning this matter, please	all:		
Williams			305 726-7		
	Name of Pe	T90D	Area Code	Daytime Telepho	ne Number
ed is a che	eck for the f	ollowing amount:			
5.00 Filin	g Fœ	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$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		Division The Cent 2415 N. I	Iress: ion Section of Corporatio tre of Tallahas Monroe Street	ssee t, Suite 810	

Registration Section
Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

111111

2022 DEC 22 AM 10: 27

Quest2freedom LLC

(Name of the Limited L. (A F	inbility Company (orida Limited Liab	s it now appears on our r lity Company)	ecorda)	
icles of Organization for this Limited Liabil	Itu Compony wa	m Sled on 12/09/2022		_ and assigned
	illy Company we	ie med on		_ www.azzi@iwa
document number L22000518229	 -			
nendment is submitted to amend the following	ng:			
mending name, enter the new name of the	limited liability	company here:		
name must be distinguishable and contain the words	"Limited Liability	Company," the designation	"LLC" or the abbre	viation "L.L.C."
new principal offices address, if applicabl	 e: _			
ipal office address MUST BE A STREET A	DDRESS)			
new mailing address, if applicable: ing address MAY BE A POST OFFICE BO. amending the registered agent and/or registered office address h	stered office add	iress on our records, <u>c</u>	enter the name o	of the new registered
	<u></u>			
Name of New Registered Agent:				
New Registered Office Address:				
New Negistria Other Addition		Enter Florida street	address	
			Florida	
-		City		Zip Code
Registered Agent's Signature, if changing Regi	istered Agent:			
by accept the appointment as registered a sions of all statutes relative to the proper of the obligations of my position as register filed to merely reflect a change in the reg any has been notified in writing of this cha	and complete pe red agent as pro gistered office ac	rformance of my duti evided for in Chapter	ies, and I am far 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

ager horized Member		
Name	Address	Type of Action
Victor Williams	1900 N Bayshore Dr., Apt 2316	E Add
	Miami, FL 33132	□Remove
		□Remove
		Change
		□ Add
		□Remove
		□Change
		□Remove
		□ Change
		□ Add
		□Remove
		_ Change

ling any other information, enter change(s) he	re: (Attach additional sheets, if necessary.)
	<u> </u>
ve date, if other than the date of filing:	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If the date inserted in this block does not meet the apent's effective date on the Department of State's reco	plicable statutory filing requirements, this date will not be used as the
d specifies a delayed effective date, but not an effecti ed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
12/21/2022	_ .
Signature of a member or	authorized representative of a member
Victor Williams	
Typed or	printed name of signee