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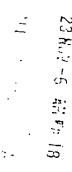
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COVER LETTER

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emmere.		dedical and Marine Solutions, I	.I.C	
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Frank J. Aloia, Jr., Esq.		
			Name of Person	
		Aloia, Roland, Lubell & N	forgan, PLLC	
			Firm/Company	
		2222 Second Street		
			Address	
		Fort Myers, FL 33901		•
		·	City/State and Zip Code	
		faloia@lawdefined.com		
			to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please c	all:	
Frank J. Aloia, Jr.		239 791-7950 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is:	a check for th	ne following amount:		
■ \$25.00 b	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)
Re	iling Addres	Section	<u>Street Address:</u> Registration Sc	
	vision of C D. Box 632	orporations 7	Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Freedom Medical and Marine Solutions, LLC

23 Argan S All And 18 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/18/2023	and assigned
Florida document number $\frac{1.23000035950}{}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	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 a	address on our records, en	ter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	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>	<u>Name</u>	Address	Type of Action
MGR	G&S Freedom Holdings, LLC	3000 Oasis Grand Blvd, Apt 2701	
		Fort Myers, FL 33901	_
			(]Change
MGR	Shawn Lawton	3000 Oasis Grand Blvd, Apt 2701	■Add
		Fort Myers, FL 33901	□Remove
			□Change
			□Add
			□Remove
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			🗆 🗆 Add
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Tective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo occument's effective date on the De	be specific and can ck does not meet	the applicabl		ore than 90 days		
ecord specifies a delayed effective is filed.	date, but not an e	effective time	, at 12:01 a.m.	on the earlier o	f: (b) The 90	th day after the
October 26		023				
<u> </u>	_					
	ignature of a memb	ber or authoriz	ed representative	of a member		

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