## 123000138858

(Requ	iestor's Name)	
(Addr	ess)	<del></del>
(1.00)		
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
☐ PICK-UP	MAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



800409728308

08/01/23--01010--019 \*\*25.00

Music -1 12 0.13

## DecuSign Envelope ID: 12DFA80E-8F4D-4846-BFB3-ECFDFFF9FC95 COVER LETTER

TO: Registration Se Division of Cor				
Carpe Freed	dom, 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	indence concerning this matter	to the following:		
	David Stewart			
	· · · · · ·	Name of Person		
	Carpe Freedom, LLC			
		Firm/Company		
	1558 Madison Ivy Circle		~2	
		Address	~; 	
	Apopka, FL 32713		1	•
		City/State and Zip Code	<u> </u>	•
	d5asImd@gmail.com			:
	E-mail address: (	to be used for future annual report no	otification)	7.00
For further information c	oncerning this matter, please co	all:		Þ
David Stewart		407 405-5397		
Name o	f Person		ime Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 enclos	
Mailing Addres Registration S		Street Address: Registration S	Section	
Division of C	orporations	Division of C	orporations	
P.O. Box 632	7	The Centre of	Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## DocuSign Envelope ID: 12DFA80E-8F4D-4846-BFB3-ECFDFFF9FC95 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Carpe Freedom, LLC			
( <u>Name of the Limiter</u>	l Liability Compa V Florida Limited I	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number L23000138858	bility Company	were filed on $\frac{3/20/2023}{}$	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and contain the woo	rds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	1558 Madison Ivy Circle	
(Principal office address MUST BE A STREET	ADDRESS)	Apopka, FL 32713	
Enter new mailing address, if applicable:		1558 Madison Ivy Circle	
(Mailing address MAY BE A POST OFFICE B	<i>ΟΧ</i> )	Apopka, FL 32713	•
	<u>,</u>		1:
			:2
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records, <u>c</u>	nter the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	1558 Madison I	Ivy Circle	
<del></del>	Enter Florida street address		
	Apopka		_, Florida <sup>32713</sup>
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent;		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this co	and complete ered agent as p gistered office	performance of my dution provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 12DFA80E-8F4D-4846-BFB3-ECFDFFF9FC95 it 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
	<del></del>		
			□Remove
			□Change
			! □'Add -:
			□Remove
			Change
<del></del>	- · · · · · · · · · · · · · · · · · · ·		□Adđ
			□Remove
			Change
			□Add
			□Remove
			□Change
	<del> </del>		
			□Remove
			□Change

<del></del>		
<del></del>		
<del></del>		
		2600
		1
	<del> </del>	
te: If the date inserted in this I	e date of filing:  ust be specific and cannot be prior to date of filing block does not meet the applicable statutor Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed a
cord specifies a delayed effect s filed.	ve date, but not an effective time, at 12:01	l a.m. on the earlier of; (b) The 90th day after th
ed May 22	2023	
DocuSigned by:	Signature of a member or authorized represe	
		inition of a mamper

Filing Fee: \$25.00