# L23000351650

(Red	questor's Name)	
(Add	dress)	<del></del>
(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	

Office Use Only



100417134791

10/10/23--01035--011 ++25.00

DIVISION OF CORPORATIONS

2023 NOV -2 PH 3: 11

Y. SCOTT NOV - 2 2023



October 21, 2023

ANTHONY J. VITALE III 2621 N. FEDERAL HIGHWAY SUITE O BOCA RATON, FL 33431

SUBJECT: FREEDOM 1ST REALTY LLC

Ref. Number: L23000351650

We have received your document for FREEDOM 1ST REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Letter Number: 623A00024508

Yvette Scott Supervisor

www.sunbiz.org

## DocuSign Envelope ID: 7D741ECF-3F62-426D-ACC0-0A79640295BC COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
	1ST REALTY LLC		
SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANTHONY J VITALE I	II	
		Name of Person	<u> </u>
	FREEDOM 1ST REALTY	LLC	
		Firm/Company	
	2621 N FEDERAL HIC	SHWAY, SUITE O	2023 NOV -2
		Address	OV
	BOCA RATON, FL 334		-2 P
	FREEDOM1STRE@GMAIL	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	ilication)
For further information of	oncerning this matter, please c		
ANTHONY VITALE		516 521-1225	
	CD	at () Area Code Daytim	ne Telephone Number
Name 6	of Person	Alea Code Thym	
Enclosed is a check for t	he following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	rporations
P.O. Box 632	27	The Centre of	
Tallahassee.	FL 32314	2415 N. Monre	be Street, Suite 810

Tallahassee, FL 32303

## DocuSign Envelope ID: 7D741ECF-3F62-426D-ACC0-0A79640295BC ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limites	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Lia L23000351650	bility Company were filed on	and assigned
his amendment is submitted to amend the follow		
a. If amending name, enter the new name of	the limited liability company here:	
		20°
	rds "Limited Liability Company," the designation "LLC" of	or the abbreviation "LACC"
inter new principal offices address, if applica		2 52
<u>Principal office address MUST BE A STREET</u>	*ADDRESS)	
		<b>ઝ</b> 설문
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE B	<u> </u>	
3. If amending the registered agent and/or re	gistered office address on our records, <u>enter th</u>	ne name of the new regis
gent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	City	

### 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.

DocuSign Envelope ID: 7D741ECF-3F62-426D-ACC0-0A79640295BC 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	RICHARD ST PAUL ELLIOTT	830 SW 15TH STREET	XAdd
		BOCA RATON, FL 33486	□D
			□Remove
			Change
<u>.</u>			🗆 Add
			_ □Remove
			□Change
			—————————————————————————————————————
			ZOZ3 NOV
			- <b>2 月</b> - <b>2 </b>
			PH 3: III
			□Change
			□Add
			□Remove
			□Change
			□Add
- <del></del>			□Remove
			□ Change

	<del></del> :		<del></del>	<del></del>
		<del></del>		<del>-</del>
	<u>_</u>		<u> </u>	<del>_</del>
		<u>_</u>	····	
		······································		
		<del></del>		<b>202</b>
				PIVISION OF CA
				W OF
				<u>ين</u> ج
		<del></del>		PH 3:
		_ <del></del>		ATIO
				<del>_</del>
		<u></u>		
Tanting data if other than the de	ate of filing:		(optic	onal)
Tective date, if other than the da an effective date is listed, the date must b ote: If the date inserted in this block	e specific and cannot be pri	or to date of filing or	more than 90 days after	filing.) Pursuant to 605.02 date will not be listed:
ote: If the date inserted in this block ocument's effective date on the Depa	artment of State's record	ls.		
record specifies a delayed effective distilled.	late, but not an effective	time, at 12:01 a.m	on the earlier of: (b	) The 90th day after th
NOVEMBER 1ST	2023			
ated	DocuSigner	1 by:		
	I .		2.3	
	gnature of a member of all	1 Vitale 11/1/20		

Filing Fee: \$25.00