

L23000390581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

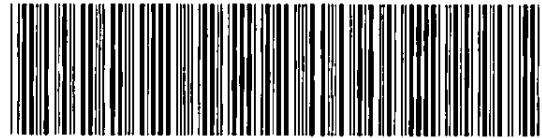
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Freedom 35 Office Venture LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert R. Bryant

Name of Person

Boatman & Bryant, CPAs, PLLC

Firm/Company

2973 W SR 434 Ste 300

Address

Longwood FL 32779

City/State and Zip Code

Bob@BoatmanBryant.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert R. Bryant

407

869-5522

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

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

If Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robert R. Bryant	10890 SE Timucuan Road	<input type="checkbox"/> Add
		Summertfield FL 34491	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	William Todd Boatman	12060 Waterstone Loop Dr	<input checked="" type="checkbox"/> Add
		Windermere FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Craig E. Towle	4301 Anchor Plaza Pkwy	<input checked="" type="checkbox"/> Add
		Ste 450	<input type="checkbox"/> Remove
		Tampa FL 33634	<input type="checkbox"/> Change
AMBR	Robert J. Wood	4301 Anchor Plaza Pkwy	<input checked="" type="checkbox"/> Add
		Ste 450	<input type="checkbox"/> Remove
		Tampa FL 33634	<input type="checkbox"/> Change
AP	Cecelia R Bryant	2973 W SR 434	<input type="checkbox"/> Add
		Ste 300	<input checked="" type="checkbox"/> Remove
		Longwood FL 32779	<input type="checkbox"/> Change
AP	Kelli R. Bryant	10980 SE Timucuan Rd	<input type="checkbox"/> Add
		Summerfield FL 34491	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 7 2024

Signature of a member or authorized representative of a member

Robert R Bryant

Typed or printed name of signee