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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

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P.O. Box 6327

Tallahassee, FL 32314

TO:

|                  | Registration Se<br>Division of Cor |  |   |   |  |
|------------------|------------------------------------|--|---|---|--|
| SUBJEC           |                                    | esearch LLC.   |   |   |  |
| SUBJEC           | Name of Limited Liability Company  |  |   |   |  |
| The enclo        | osed Articles of                   | Amendment and fee(s) are sub                         | mitted for filing.  |   |  |
| Please ret       | urn all correspo                   | indence concerning this matter                       | to the following:   |   |  |
|                  |                                    | Silenny Mejia Almero                                 |   |   |  |
|                  |                                    |  | Name of Person  |   |  |
|                  |                                    | Freedom Research LLC.                                |   |   |  |
|                  |                                    |  | Firm/Company  |   |  |
|                  |                                    | 4410 SW 159 Path                                     |   |   |  |
|                  |                                    |  | Address   | · · · · · · · · · · · · · · · · · · ·   |  |
|                  |                                    | Miami, Florida, 33185                                |   |   |  |
|                  |                                    |  | City/State and Zip Code   | <del></del>   |  |
|                  |                                    | smalmero@freedomrs.com                               | <del></del>   | ·   |  |
| For furthe       | er information c                   | E-mail address: (<br>oncerning this matter, please o | to be used for future annual report notifi<br>all:                  | cation  |  |
| Silenny N        | Mejia Almero                       |  | 786 846-1233  |   |  |
| ••               | Name o                             | f Person   | Area Code Daytime   | Telephone Number  |  |
| Enclosed         | is a check for th                  | ne following amount:                                 |   |   |  |
| <b>≡ \$</b> 25.0 | 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) |  |
|                  | Mailing Addres Registration S      |  | Street Address:<br>Registration Sec                                 | tion  |  |
|                  | Division of C                      |  | Division of Corp  | oorations   |  |

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Freedom Research LLC.  |  |   | 00                       | <del></del>           |
|--|--|---|--------------------------|-----------------------|
| (Name of the Limite  | d Liability Compa<br>A Florida Limited | ny as it now appears of<br>Liability Company) | Mirtigoro D              | 8: 45                 |
| the Articles of Organization for this Limited Listorida document number 1.23000429913                      | ability Company                        | were filed on 14Sep.                          | TALLAHASSE               | STA kind assigned     |
| his amendment is submitted to amend the follo  | wing:                                  |   |                          |                       |
| . If amending name, enter the new name of  | the limited liab                       | ility company here:                           |                          |                       |
| N/A.   |  |   |                          |                       |
| he new name must be distinguishable and contain the we   | ords "Limited Liabi                    | lity Company," the design                     | nation "LLC" or the      | abbreviation "L.L.C." |
| Enter new principal offices address, if applica  | ıble:                                  | N/A.  |                          |                       |
| Principal office address MUST BE A STREE   | T ADDRESS)                             |   |                          |                       |
| Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE I                          | <u>BOX)</u>                            | N/A.  |                          |                       |
| <ol> <li>If amending the registered agent and/or regent and/or the new registered office addres</li> </ol> | -                                      | address on our reco                           | rds, <u>enter the na</u> | me of the new registe |
| Name of New Registered Agent:  | N/A.                                   |   |                          |                       |
| New Registered Office Address:   | N/A.                                   |   |                          |                       |
|  |  | Enter Florida                                 | street address           |                       |
|  |  |   | 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>      | <u>Address</u>                    | Type of Action |
|--------------|------------------|-----------------------------------|----------------|
| MR.          | FRANCISCO TORRES | 12110 SW 31ST STREET              | □Add           |
|              |                  | MIAMI FL, 33175                   | ■Remove        |
|              |                  | · · · · · · · · · · · · · · · · · | □Change        |
| MS.          | ALEJANDRA ALMERO | 4410 SW 159 PATH                  |                |
|              |                  | MIAMI, FLORIDA, 33185             | Remove         |
|              |                  |                                   | □Change        |
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| Tective date, if other than the date must be      | late of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 |
| ote: If the date inserted in this bloc            | ck does not meet the applicable statutory filing requirements, this date will not be listed as  |
| ocument's effective date on the Dep               | partment of State's records.  |
|   |   |
|   | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| is filed.   |   |
| OCTOBER 24  | 2024  |
| ated  |   |
| 1   | 2.4   |
|   | ignature of a member or authorized representative of a member   |
| .5  | agnatury) a memics of audionzed representance of a member   |
| SILENNY C. MEJIA AL                               | MERO  |
|   |   |

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Filing Fee: \$25.00