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COVER LETTER

то:	Registration Section Division of Corpo			; ;				
SUBJE								
The enc	losed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.					
Please r	eturn all correspond	dence concerning this matter	to the following:					
		Jess	Name of Person					
			Firm/Company					
		U805 UST St Address						
		Vero B.	each FU 32907 City/State and Zip Code					
		E-mail address: (heintern 19 agmo					
For furt	her information con	ncerning this matter, please ca	all:	2774 F	•			
	Jesse Name of F	Person	at (845) 548 Area Code Daytim	-3952 e Telephone Number	•			
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Enclose	ed is a check for the	following amount:		· · · · · · · · · · · · · · · · · · ·				
X \$25	5.00 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 Address:		Street Address:					

Registration Section
Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E PREEDOM LI	<u>.C</u>						
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)						
The Articles of Organization for this Limited Liability C		24.24	_ and ass	igned				
Florida document fidinoes	<u>-</u> .							
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liability company here:								
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the abbre	viation "L.	L.C."				
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDI	RESS)							
		<u> </u>						
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BOX)			7 <u>0</u> 14 F					
	<u></u>			e: '}				
		• •	ب 2ر					
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name c</u>	of the nev	<u>registerec</u>				
agent and/or the new registered office address nere.		,	ي ؟ بست ست ست					
Name of New Registered Agent:		-11	0					
New Registered Office Address:								
	Enter Florida si	reet 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>	Address 1054 Laconia St	Type of Action
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in effective date	is listed, the date n	nust be specific ar	nd cannot				i 90 days afte	r filing.) Purs		
	inserted in this trive date on the				e statutory	nung requi	rements, un	s date will i	not be usu	cu as
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