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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO:      | Registration S<br>Division of Co |  |   |   |
|----------|----------------------------------|--|---|---|
| emb in   | LIMITLE                          | SS GROWTH INTERNATION                        | AL LEC  |   |
| SUBJE    | C1;                              | Name of Lim                                  | nted Liability Company  |   |
| The end  | elosed Articles o                | f Amendment and fee(s) are sub               | mitted for filing.  |   |
| Please r | return all corresp               | ondence concerning this matter               | to the following:   |   |
|          |                                  | RICHARD BERTOSSA                             |   |   |
|          |                                  |  | Name of Person  |   |
|          |                                  | SFLAGS INCUBATION I                          | .I.C  |   |
|          |                                  |  | Firm/Company  |   |
|          |                                  | 2880 WEST OAKLAND I                          | PARK BLVD SUITE 118   |   |
|          |                                  | -  | Address   |   |
|          |                                  | FORT LAUDERDALE, F                           | LORIDA 33311  |   |
|          |                                  |  | City/State and Zip Code   |   |
|          |                                  | office@freedomnow.site                       |   |   |
|          |                                  | E-mail address: (                            | to be used for future annual report notif                           | fication)   |
| For furt | her information                  | concerning this matter, please ca            | all:  |   |
| JENNY    | DE TOGORES                       |  | 814 351 1427<br>at ()   |   |
|          | Name                             | of Person                                    | at ()<br>Area Code Daytim   | e Telephone Number  |
| Enclose  | ed is a check for                | the following amount:                        |   |   |
| □ \$2    | 5.00 Filing Fee                  | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| e <mark>as it now appears on our records.</mark> )<br>ibility Company) |   |
|--|---|
| ere filed on March 25, 2024  | and assigned  |
|  |   |
|  |   |
| ty company here:   |   |
| Company," the designation "LLC" o                                      | or the abbreviation "L.L.C."  |
| 261 UNIVERSITY DRIVE   | ·-·   |
| SUITE 500  | 24<br>7.11  |
| PLANTATION, FL 33324   | : C]  |
| 261 UNIVERSITY DRIVE   | -2 PI   |
| SUITE 500  |   |
| PLANTATION, FL 33324   | £ 6   |
|  | Company," the designation "LLC" of 261 UNIVERSITY DRIVE SUITE 500 PLANTATION, FL 33324 261 UNIVERSITY DRIVE SUITE 500 |

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

| Title | Name   | Address                 | Type of Action |
|-------|--|-------------------------|----------------|
| AMBR  | International Institute for Cultural Exchange and Community Building | Schonbrunner Strasse 35 | □Add           |
|       |  | Тор 6                   |                |
|       |  | 1050 Vienna, Austria    | €Change        |
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|  |   |  |                      |                             |                               |
|  |   |  |                      |                             |                               |
| fective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this block ocument's effective date on the Dep | e specific and cannot be<br>k does not meet the a | prior to date of filing<br>pplicable statutory | gor more than 90 day | s after filing.) Pursuant t | o 605,0207 (<br>e listed as t |
| record specifies a delayed effective is filed.   | date, but not an effec                            | tive time, at 12:01                            | a.m. on the earlier  | of: (b) The 90th day        | after the                     |
|  |   |  |                      |                             |                               |
| ated September 3rd   | . 2024  | ·  |                      |                             |                               |
|  | ignature of a member of                           |  |                      |                             |                               |

Filing Fee: \$25.00