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To:

Division of Corporations

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Account Name : INCFILE.COM LLC

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State LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FREEDOM MIAMI LLC

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T. LEMIEUX

MAY 23 2024

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

Division of Co	rporations				
FREEDON	MIAMI LLC				
SUBJECT: _{;;}	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company			
	17350 STATE HWY 249	STIE 220			
	Address				
	HOUSTON, TX 77064				
		City/State and Zip Code			
	EFILE1234@INCFILE.CO F-mail address: (M to be used for future annual report notif	(ication)		
For further information c	oncerning this matter, please of	·			
LOVETTE DOBSON		1 888-462-345	3		
Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he 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 9 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREEDOM :	MIAMI LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000222219}{L24000222219}$	were filed on 05/13/2024 and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the n	ew registered
Name of New Registered Agent:	23	
New Registered Office Address:		
	Enter Florida street address	
	City 2ip Code	· 34

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mac Machado-Gonzalez	20032 Nw 62nd Ct	≅ Add
		Hialeah, FL 33015	□Remove
			□Change
			□Add
			□Remove
			Change
 			□Add
			
			□Remove
			□Change
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ective date, if other than th	e date of filing:			(optional)	
n effective date is listed, the date m te: If the date inserted in this t	ist be specific and cannot be	prior to date of	illing or more than	90 days after filing.	Pursuant to 605.020
cument's effective date on the l	Department of State's rec	ords.	iory minig requi	ements, this date	will not be listed a
cord specifies a delayed effecti s filed.	ve date, but not an effecti	ve time, at 12	:01 a.m. on the e	arlier of: (b) Th	e 90th day after the
ed May 22	2024	·			
	. 1	ano S	ndans		
		CONC. LAN	44 4 8 8 8 8 4 4 4 4 4 4 4 4 4 4 4 4 4		
	Signature of a member or	authorized repr	esentative of a me	mber	

Filing Fee: \$25.00