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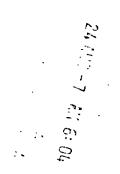
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Freetime Entrainment on Name of Limi	A Dengoverhous LC
The enclosed Articles of Amendment and fee(s) are subt	mitted for filing.
Please return all correspondence concerning this matter t	to the following:
Monique Newn	Name of Person
	Firm/Company
V	Hw W Address
chehsonulle	[L 82210
All the way is set to	City/State and Zip Code  Olu (Cos City/State and Zip Code  o be used for folire annual report notification)
For further information concerning this matter, please ca	dt:
Many New Man	at (GC4) 640 9581 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S\$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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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

tree-lime E	Nertainment	and Read	ova hous	<u>UC</u>	<del>-</del>
(Name of the Limite	<u>d Liability Company a:</u> A Florida Limited Liabil	ity Company)	our records.)		
The Articles of Organization for this Limited Liz Florida document number 141002935	ibility Company wer 39	e filed on <u>(UNO</u>	, 28, 24	and	assigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the we	ords "Limited Liability C	ompany," the designa	ition "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applica	ble: _			<u> </u>	<u> </u>
(Principal office address MUST BE A STREET	TADDRESS)	<u>.                                  </u>		: <del>-</del>	<u> </u>
	_			<u>.</u>	
				:	편: 52
Enter new mailing address, if applicable:	_				<del></del>
(Mailing address MAY BE A POST OFFICE BOX)				:	<u> </u>
				: •	
B. If amending the registered agent and/or re	nistarad office addu	ress on our teroti	ls enter the na	me of the	new registered
agent and/or the new registered office address		ess on our record	ist circl the in	THE WITCH	
Name of New Registered Agent:	Manique Ne	mwar?——			
New Registered Office Address:	3630 tryp	Enter Florida sti	reet address		
	doubsonvil	10	, Florida	322 h	,
		City	,	Zip Ci	říle

## 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
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effective date is te: If the date i	other than the da listed, the date must b inserted in this bloc- ive date on the Depa	e specific and k does not m	cannot be prior to c ect the applicabl	late of filin	ig or more than 90 days	optional) after filing.) Pursuant to 605. , this date will not be liste
cord specifies a affled.	a delayed effective c	late, but not a	an effective time	, at 12:01	a.m. on the earlier of	of: (b) The 90th day after
ed <u>18- (</u>	11 2024 Monejeu	gnature of h	um nember or authoriz	ed represe	ntative of a member	
	-ΛΛ					

Filing Fee: \$25.00