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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(00)	ocument Number)	
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Limi	ited Liability Company		
		, ,		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ЛМ WILDER			
		Name of Person		
	THE WILDER GROUP, I	NC.		
		Firm/Company		
	4020 PARK STREET N., S	SUITE 103		
	Address			
	SAINT PETERSBURG, F	L 33709		
		City/State and Zip Code		
	DEB@THEWILDERGROU	JP.COM		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca	all:		
ЛМ WILDER		727 393-1168 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 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:	ection	
Registration S		Registration Se Division of Co		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FREEDMAN PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L24000314432 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1155 ROBMAR ROAD Enter new principal offices address, if applicable: DUNEDIN, FL 34698 (Principal office address MUST BE A STREET ADDRESS) 1155 ROBMAR ROAD Enter new mailing address, if applicable: DUNEDIN, FL 34698 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
			□Add
			□Remove
			□Change
			
			□Remove
			□Add
			□ Remove
			□ Change
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n effective date is listed, the da ste: If the date inserted in t	e must be specific a	nd cannot be prior t	o date of filing or mor	e than 90 days after fili	ng.) Pursuant to 605.0207
cument's effective date on					
ecord specifies a delayed ef is filed.	fective date, but n	ot an effective tin	ne, at 12:01 a.in. on	the earlier of: (b)	The 90th day after the
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OCTOBER 28		2024			
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	Neu	dat 100g	rized representative of		
	Signature of	a member of airray	nzed representative of	l armember	