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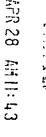
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

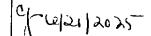
Office Use Only



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COVER LETTER

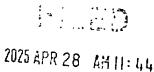
Tallahassee, FL 32314

TO: Registration So Division of Cor			
	el Free LLC		
SUBJECT:	Name of Lim	ited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jesus Suarez		
		Name of Person	
	Florida Feel Free LLC		
		Firm/Company	
	13800 SW 84th St, #771		
		Address	
	Miami, Fl. 33183		
		City/State and Zip Code	-
	jsuarez61@icloud.com	to be used for future annual report n	atification)
For further information of	concerning this matter, please co		
Jesus Suarez		305 8421083	
Name 6	of Person	Area Code Days	ime Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address:	
Division of C	Corporations	Registration S Division of C	orporations
P.O. Box 633	77	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Florida Feel Free LLC		The state of the s
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	THE THE ISSE. FL
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 04/03/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3824 SW 156th Ct.	
(Principal office address MUST BE A STREET ADDRESS)	Miami. Fl 33185	
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, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	171	

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	
			□Remove
			□Change
			DAdd
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 2.	ack does not me	eet the applical	o date of filing or ble statutory fi	more than 90 da ling requiremer	(optional) ys after filing.) Pu its, this date wil	rsuant to 605.0207 I not be listed as
record specifies a delayed effectiv List filed.	e date, but not a	n effective tim	ne, at 12:01 a.n	1, on the earlier	of: (b) The 90	Ith day after the
ated April 24		2025				
1	<u> </u>		<u> </u>			
/our	Signature of a mo	ember or author	ized representati	ve of a member		
(Digitature (7) a file	emer of dualor	representati	a member		
Jesus Suarez						

. . . .

Filing Fee: \$25.00