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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJEC	FREEDOM	CAPITAL GROUP, LLC		
CODJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ROXANA CRUZ-MORA	LES	
			Name of Person	
			Firm/Company	
		1141 NW 162ND AVE		
			Address	
:		PEMBROKE PINES, FL 3		
		ROXYCRUZRE@GMAIL.	City/State and Zip Code	
		•	to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please ca	all:	
ROXAN	IA CRUZ-MOR	ALES	305 490-1883	
:	Name o	f Person	Area Code Daytim	ne Telephone Number
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\$23.0	oo riing ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	at (

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREEDOM CAPITAL GROUP, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L08000011672}{L08000011672}$.	were filed on 02/01/2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
E-Z CLOSINGS, LLC	
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:	1141 NW 162ND AVE
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33028
Enter new mailing address, if applicable:	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
(Mailing address MAY BE A POST OFFICE BOX)	
; ;	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	, Florida
	City Zin Code

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 = A	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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•			Remove
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ffective date, if other an effective date is listed, ote: If the date inserte ocument's effective date	the date must be specified in this block does r	c and cannot be not meet the ap	prior to date of a pplicable statu	filing or more that tory filing requ	(option 90 days after the irements, this	iling.) Pu	rsuant to l not be	605,02 listed a
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