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SECRETARY OF STATE
TALLAHASSEE, FI ORIE,

D. BRUCE

FEB 2 4 2009

EXAMINER

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:FV	eedom Financ (Name of Lim	ted Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	Averbach (Name of Person)	
	Freedom F	inancial Grroup (Firm/Company)	uc
	639 E. C	cean Ave. Ste	30L \$303
	Boynton Be	City/State and Zip Code)	5
For further information of	concerning this matter, please ca		09 F TALLA
<u>Hristina</u>	Averbach of Person)	at (<u>5761) 283-14</u> (Area Code & Daytime	MAX W
Enclosed is a check for the	he following amount:		M IZ: F STA FLOR
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited</u> (A	1 Liability Compa A Florida Limited L	ny as it now appears on o iability Company)	ur records.)			
The Articles of Organization for this Limited L. Florida document number <u>LOSOOIC</u>		were filed on/	129/200	and assig	gned	
This amendment is submitted to amend the foll	lowing:			9 FEB 2		
A. If amending name, enter the new name of	f the limited liab	ility company here:		3 PM RY OF SSEE, F	M	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," th	ne designation "	LECTOR (No ab	breviation	
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		$\overline{\Omega}$	inancial cean Ave sch, Fl	PGroup 2. Ste? _33435	UC 501\$303 5	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		inancia ean Av ach, Fi	_ \	UC VL & 303	
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:	<u>Kristi</u>	na Averbaci	h	201 1 2		
New Registered Office Address:	639 E. Ocean Flye. Ste 302 \(\xi_303\) (Enter Florida street address)					
	Boynto	n Beach (City)	, Florida <u>\</u>	33435 (Zip Code,)	
N1 F2 1 4 14 43 (1) 4 10 1 1 1	n					

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)	O9 FEB 23 PH 12: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	, _	·	
	Kristina 1	mbod or authorized representative of a member Verbach yped or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00