L1400009342

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	Registration Sec Division of Cor		
CUB IC	Freedom RI		
SUBJEC	.1:	Name of Lim	ited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing
		ndence concerning this matter	-
		Shelby Dorsey	
•			Name of Person
•		Franks DELLIC	Name (i) 1 Cistii
		Freedom REI, LLC	Firm/Company
		5210 Belfort Rd Suite 210	
			Address .
		Jacksonville, FL 32256	
		shelby@freedomholdingsus	City/State and Zip Code
•			to be used for future annual report notification)
For furth	er information co	oncerning this matter, please ca	all:
Shelby I	Dorsey		904 718-0698
	Name of	Person	at () Area Code Daytime Telephone Number
Enclosed	l is a check for th	e following amount:	
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Street Address:
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom REI, LLC

(Name of the Limit	(A Florida Limited Liab	ility Company)	<u>=</u>)			
The Articles of Organization for this Limited Li Florida document number L14000009342	ability Company we	re filed on 01/16/2014	and assigned			
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liability	company here:				
The new name must be distinguishable and contain the w	ords "Limited Liability (Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	T ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	egistered office add		the name of the new registered			
New Registered Office Address:	5210 Belfort Rd Suite 210					
	Enter Florida street address					
	Jacksonville	, Flo	orida 32256			
New Registered Agent's Signature, if changing I	Registered Agent:	Cuy	Zig Code			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete per stered agent as pro registered office ad	rformance of my duties, an vided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is			

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>	<u>Address</u>	Type of Action
MGR	Obadiah G. Dorsey	P.O Box 395	□Add
		Glen Saint Mary, FL 32(140	□Remove
			≘ Change
MGR	Shelby L. Dorsey	P.O Box 395	□ Add
		Glen Saint Mary, Fl. 32040	□ Remove
			■Change
			□Add
			□ Remove
			□Change
		***************************************	□Add
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an effective date in Note: If the date	f other than the d s listed, the date must l inserted in this bloc tive date on the Dep	be specific and ck does not m	cannot be prior neet the applic	able statutory	or more than 90 filing requiren	(optional) days after filin nents, this da	ig.) Pursuar	nt to 605. ; be liste	.0207 ed as
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Dated		ignature of a n	nember or auth	orized represent	ative of a memb	er	OF STATE	¥ : 59	Ċ