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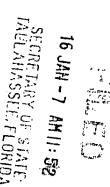
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December 21, 2015

KAMEKA GRADY 347 GULFSTREAM RD DANIA BEACH, FL 33004

SUBJECT: FREEDOM FINANCIAL GROUP LLC

Ref. Number: L14000186375

We have received your document for FREEDOM FINANCIAL GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 515A00026672

COVER LETTER

Division of Corporations	
SUBJECT: South Florida Companion Care LLC Name of Limited Liability Company	
Name of Elimed Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kameka Grady	
Name of Person	
Kameka Grady Name of Person Freedom Financial Group 1 Firm/Company	-LC
347 Gulfstram Rd Address	
Address	
Dania Black, FC 33004 City/State and Zip Code Kanekag rady Dcomcast. n. E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
Family address: (to be used for future annual report notification)	<u>et</u>
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone	3
Name of Person Area Code Daytime receptione	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	1 Care LL(
The Articles of Organization for this Limited Liability Company w		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Freedow Financia Croup The new name must be distinguishable and contain the words "Limited Liability	Realty I.L.C.	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sque	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		er the name of the new
Name of New Registered Agent:	Sque	JAN -7
New Registered Office Address:	Enter Florida street address	77 3
	, Florida	STA STA
	City	Zip 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:

Ċ

<u>Title</u>	<u>Name</u>	Langes Address	Type of Action
			□ Add
			Remove
			☐ Add
			☐ Remove
			☐ Change
			□ Add
	,		Remove
			☐ Change
			Add
			☐ Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of the: If the date inserted in this block does not meet the applicable state that the property of the continuous date of of	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an eff	fective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
Lameka Wady Signature of a member or authorized repr Kameka Grady Typed or printed name o	
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Page 3 of 3

Filing Fee: \$25.00