L16000040586

(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
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March 10, 2016

ROMAN NORTHCUT 424 E CENTRAL BLVD STE 182 ORLANDO, FL 32801

SUBJECT: FREEDOM CORE INVESTMENTS LLC

Ref. Number: L16000040586

We have received your document for FREEDOM CORE INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 016A00004966

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom Core Investments, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on ^{2/25/16}	and assigned
Torida document number <u>L160000 40586</u> .		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
Freedom Centered Solutions, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
anter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered of	effice address on our records onto	u the newto of the
s. If amending the registered agent and/or registered to egistered agent and/or the new registered office address her	•	in the hame of the
	- -	₹ 2
		. G O
Name of New Registered Agent:		
		- II
New Registered Office Address:		<u> </u>
	Enter Florida street address	<u>-</u>
	, Florida	∰- ©
	, Florida	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
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ctive date, if other than the da	ate of filing:		(opti	onal)	
effective date is listed, the date must be	e specific and cannot be pr	rior to date of filing o	or more than 90 days after	r filing.) Pursi	ant to 605
in this block inserted in this block iment's effective date on the Department.			iling requirements, thi	s date will n	iot be list
mont b officer to date on the bop.		.			
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February 26	2016				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00