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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section **Division of Corporations** FREEDOM REALTY GROUP, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shelby Dorsey Name of Person FREEDOM REALTY GROUP, LLC Firm/Company 5210 Belfort Rd Suite 210 Address Jacksonville, FL 32256 City/State and Zip Code shelby@freedomholdingsusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shelby Dorsey Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, **≅** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 81023

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREEDOM REALTY GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| ability Company were filed o | n <u>-7/10/2017</u> | and assigned |
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| owing: | | |
| | | |
| the limited liability compar | ny here: | |
| ords "Limited Liability Company," | the designation "LLC" or the | abbreviation "L.L.C." |
| able: | | |
| T ADDRESS) | | |
| | | |
| | | |
| <u>BOX)</u> | | |
| egistered office address on one is here: Shelby L. Dorsey | our records, <u>enter the na</u> | me of the new registered |
| 5210 Belfort Rd Suite 210 | | |
| | er Florida street address | |
| Jacksonville | , Florida | 32256 |
| City | | Zip Code |
| Registered Agent: | | 320 E |
| er and complete performand | ce of my duties, and I an | |
| | egistered office address on ones here: Shelby L. Dorsey 5210 Belfort Rd Suite 210 Enter Jacksonville City Registered Agent: d agent and agree to act in the and complete performance. | egistered office address on our records, enter the nass here: Shelby L. Dorsey 5210 Belfort Rd Suite 210 Enter Florida street address Jacksonville City Registered Agent: d agent and agree to act in this capacity. I further ager and complete performance of my duties, and I an |

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 = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|---------------------------|--|
| MGR | Shelby L. Dorsey | P.O Box 395 | □Add |
| | | Glen Saint Mary, FL 32040 | □ Remove |
| | | | ■Change |
| MGR | Obadiah G. Dorsey | P.O Box 395 | |
| | | Glen Saint Mary, FL 32040 | □Remove |
| | | | ■ Change |
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Typed or printed name of signee