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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

DIV	ision of Cor	porations			
CUDIECT	Jax Freedor	m Home Buyers LLC	,		
Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Shelby Dorsey			
	Name of Person				
		Jax Freedom Home Buyen	s LLC		
Firm/Company				—	
5210 Belfort Rd Suite 210					
Address					
	Jacksonville, FL 32256				
			City/State and Zip Code		
		shelby@freedomholdingsus			
		E-mail address: (to be used for future annual report notification)	_	
For further in	iformation c	oncerning this matter, please c	all:		
Shelby Dors	ey		904 718-0698 at ()		
Name of Person		f Person	Area Code Daytime Telephone Nun	nber	
Enclosed is a	check for th	ne following amount:			
■ \$ 25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification Copy is enclosed) Certification Certificati	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)	
Ma	iling Addres	ç•	Street Address:	2024 JUL 12 SEGIL ISIN	
Mailing Address: Registration Section			Registration Section	12	
Division of Corporations			Division of Corporations	ავი უ	

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Jax Freedom Home Buyers LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited I Florida document number L18000025248	Liability Company were filed o	on 1/29/2018 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compa	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	`the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on o	our records, enter the name of the new registere
New Registered Office Address:	5210 Belfort Rd Suite 210	
	Ente	er Florida street address
	Jacksonville	, Florida <u>32256</u>
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
provisions of all statutes relative to the pro accept the obligations of my position as reg	per and complete performan fistered agent as provided for tregistered office address, I	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and r in Chapter 605, F.S. Or if this document is hereby confirm that the limited limitity

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>	Name	Address	Type of Action
CEO	Obadiah G. Dorsey	P.O Box 395	
		Glen Saint Mary, FL 32040	□Remove
CFO	Shelby L. Dorsey	P.O Box 395	□Add
		Glen Saint Mary, FL 32040	□ Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			Change
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ffective date, if other than	4/11//	2024	(0	ptional)
an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	e must be specific and cannot but block does not meet the	applicable statutor	ig or more than 90 days a	after filing.) Pursuant to 605.020
record specifies a delayed eff is filed.	ective date, but not an effec	ctive time, at 12:01	a.m. on the earlier of	f: (b) The 90th day after the
June 5	2024			F 1 L. 2024 JUL 12 SECKE ING
ated	A , - 2024			
<u> </u>				(A) ^m , me
	Signature of a member of	or authorized represe	ntative of a member	() 다 그 ()
Shelby Dorsey				

Typed or printed name of signee