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D. BRUCE SEP 12 MM

COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Sect Division of Corpo	ion orations				
	Freedom Cap	ital LLC				
SUBJE			d Liability Company			
The enc	losed Articles of A	mendment and fee(s) are subm	itted for filing.			
Please r	eturn all correspon	dence concerning this matter to	the following:			
		Gabriel Garcia				
	,		Name of Person			
	χ· γ		Firm/Company			
	<i>©</i> 1	101 NE 3RD AVE STE 150	00		-	
			Address			
		FORT LAUDERDALE, FL			2021 AUG 31	
			City/State and Zip Code		AUG LLZ	3
		Gabriel@floridaeashhomebu	o be used for future annual report notif	ication)	$\sim \frac{1}{2}$ $\sim \frac{1}{2}$	}
For fur	ther information c	oncerning this matter, please ca			PH E	11 mm
	el Garcia / Sarah L		305 851-2571		PH 4: 49	42
	Name o	f Person	Area Code Daytim	e Telephone Numbe	er -	
Enclos	sed is a check for the	he following amount:				
	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
	Mailing Addre		Street Address:	ection		
	Registration	Section	Registration Sc Division of Co	cuon morations		
	P.O. Box 63:	Corporations 27	The Centre of	Fallahassec	010	
	Tallahassee		2415 N. Monro	oe Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom Capital LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
he Articles of Organization for this Limited Liability Cor	npany were filed on 01/13/2021	and assigned
orida document number 1.21000030328	,	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
ne new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>	
rincipal office address MUST BE A STREET ADDRE	(SS)	
		202
		2021 AUG
nter new mailing address, if applicable:		D
failing address MAY BE A POST OFFICE BOX)		
		Trible Tribert
If amending the registered agent and/or registered of the new registered office address here:	office address on our records, enter the	name of the new regis
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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	Omer Reiner	101 NE 3RD AVE STE 1500	
		FORT LAUDERDALE, FL 33301	≣Remove
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	01/14/2021		
ote: If the date inserted in this	must be specific and cannot be prior to date block does not meet the applicable step Department of State's records.	of filing or more than 90 days after	ional) er filing.) Pursuant to 605.0207 is date will not be listed as
record specifies a delayed effec Lis filed.	tive date, but not an effective time, at	13:01 a.m. on the earlier of: (b) The 90th day after the
	20 2 1	1	
ated	- (st. #1)		
08/27 Dated	Lhtt!		

Typed or printed name of signee