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COVER LETTER

TO: Registration Section **Division of Corporations** FREEDOM DEVELOPMENT 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 DEVELOPMENT 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: 718-0698 Shelby Dorsey Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, **■ \$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is éaclo Mailing Address: Street Address: **Registration Section** Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 mi Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now	v appears on our records.)	
(1.2.1.2.2.1.1.2.2.1.2.2.2.2.2.2.2.2.2.2	ited Liability Company as it now (A Florida Limited Liability Com	npany)	
The Articles of Organization for this Limited I	iability Company were filed	d on 6/21/2021 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	oany here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "L.L.C" or the abbreviation "L.L.C.	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or		n our records, <u>enter the name of the new re</u>	
ngent and/or the new registered office addre	ess nere:		
Name of New Payintaged Avents	Obadiah G. Dorsey		
Name of New Registered Agent:			
New Registered Office Address:	5210 Belfort Rd Suite 210	nter Florida street address	
	Jacksonville	Florida 32256 Zip Code	
	City	z.p Code	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete performat sistered agent as provided fo	ince of my duties, and I am familiar with a	

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>	Address	Type of Action
MGR	Obadiah G. Dorsey	P.O Box 395	🖸 Add
		Glen Saint Mary, FL 32040	□ Remove
			■ Change
MGR Shelby L. Dorsey	Shelby L. Dorsey	P.O Box 395	□Add
		Glen Saint Mary, FL 32040	□Remove
			= Change
			□Add
			□ Remove
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	Signature	of a member or autho	rigad rannerantativ	o of a mamber	<u> </u>	2: 00