1/7/2**3** 9:42 AM Division of Corporations

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9 2025

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

Division of Co			
VINCE'S	DYNAMIC SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
	<u> </u>	Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	·
	HOUSTON, TX 77064		
		City/State and Zip Code	
	E-mail address: (M to be used for future annual report	notification)
For further information of	concerning this matter, please ca		
LOVETTE DOBSON		1 888-462-	3453
Name (of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address Registration	
Division of C		Division of O	

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	ED	
2025 JAH -8 .GEOTH .	PM 3: 1	2

VINCE'S DVNAM	IIC SOLUTIONS LLC	13:12 PA 3: 12
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r	IALLAHASSEE, FLORID,
The Articles of Organization for this Limited Liability Company	were filed on 03/03/2023	and assigned
Florida document number 1.23000113032		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
FREEDOM FINANCIAL STRATEGIST LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u>. </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	.ddress on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street a	ddress
		Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

e: 4/5 ///

igr = M	from our records: anager uthorized Member	manage, enter the title, name, and address of each person being: FILED 2025 JAH - 8 PM 3: 12 Type of Action			
<u>`itle</u>	<u>Name</u>	Address	TALLAHASSEL FLORID,	Type of Action	
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te: 1 :ume	f the date inserted in nt's effective date o	o this block does not in the Department of	t meet the applicable State's records.	e statutory filing requirer	(optional) day's after filing.) Pursuant to 605.02 nents, this date will not be listed
s file	d	effective date, but n		at 12:01 a.m. on the ear	lier of: (b) The 90th day after th
ed _	anuary 7,		2025		
	-		Vinco	nt Sanchez et representative et agremb	
			· · · · · · · · · · · · · · · · · · ·	(A. ' \ A.W.I.I. A.F./A. /	

Filing Fee: \$25.00