N17000006917

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COVER LETTER

TO: Amendment Section
Division of Corporations

Freedom Fund Network Inc. NAME OF CORPORATION: _____ N170000006917 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Greenberg (Name of Contact Person) Freedom Fund Network Inc. (Firm Company) 1730 S Federal Hwy #311 (Address) Delray Beach, FL 33483. (City State and Zip Code) scott@lgbtqfund.org F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 233-8969 Scott Greenberg __ at _ (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee | F \$43.75 Filing Fee & IS43.75 Filling Fee & TI\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2021 OCT 25 PM 9: 18

Freedom Fund Network Inc.

Name of Corporation as currently filed with the Florida 817000006917	Dept. of State)	SECRETARY OF A WILL AHAGGEE. I
(Document Num	ber of Corporation (if kno	ewn)
ursuant to the provisions of section 617,1006, Florida Statu mendment(s) to its Articles of Incorporation:	tes, this Florida Not For	Profit Corporation adopts the following
. <u>If amending name, enter the new name of the corpora</u> /A	ition:	
ame must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name	anon' or "incorporated"	The new or the abbreviation "Corp." or "Inc."
Company of the maj agence with me many	NtA	
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)	
Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	e	and the second of the second o
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		nter the frame of the
N A	<u></u>	
Name of New Registered Agent		
	(Flor	ida street addressi
New Registered Office Address:		
		P1 1
	(Cay)	, Florida (Zip Code)
	12 1117	rap Cour,
ew Registered Agent's Signature, if changing Registere		
hereby accept the appointment as registered agent. I am f	amiliar with and accept th	ie obligations of the position,

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P + President; V + Vice President; T + Treasurer; S + Secretary; D + Director; TR + Trustee; C + Chairman or Clerk; CEO + ChiefExecutive Officer; CEO + Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De Y Mike Je SV Sally Sr	<u>mes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Director	Adeleene Rockwell	
x Remove			
2) Change Add	Director	Ghenete Wright Mun	1730 S bederal Hwy #311 Defray Beach, Ft. 33483
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			
.			

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		-
		
		
701	N/A	if other than the
date this document was signed.	n:	II other than the
N/A		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was were adopted was were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

e are no members or members entitled to vote on the amendment(s). The amendment(s) was were ted by the board of directors.
10/21/21
Dated
(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Scott Greenberg
(Typed or printed name of person signing)
President
(l'itle of person signing)