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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	MMIGRATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Julian Vasquez	
	(Name of Contact Person)
Freedomtax Accounting & Multiservices, Inc	
	(Firm/ Company)
1016 E Osceola Pkwy	
	(Address)
Kissimmee, FL 34744	
	(City/ State and Zip Code)
jvasquez@freedomtaxfl.com	
E-mail address: (to t	be used for future annual report notification)
For further information concerning this matter,	please call:
Julian Vasquez	407 344-1012
(Name of Contact	
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of S	Fee & \$\Bigcup \\$43.75\$ Filing Fee & \$\Bigcup \\$52.50\$ Filing Fee Status Certified Copy (Additional copy is enclosed) \$\Bigcup \\$60 (Additional Copy is Enclosed)
Mailing Address	Street Address

## Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## Articles of Amendment to Articles of Incorporation of

FREEDOM IMMIGRATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N17000012739 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida \_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the 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 = Chief Executive Officer; CFO = 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		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TR	Pedro Torres	1010 E Osceola Pkwy
X Add			Kissimmee, FL 34744
Remove			
2) Change	TR	Julian Vasquez	1010 E Osceola Pkwy
X Add			Kissimmee, FL 34744
Remove			
3) Change			
Add Remove			
4) Change			
Add	<del></del>		
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

f amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)			
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Γhe	date of each amendment(s) adoption:, if other than the				
late	this document was signed.				
Effe	ective date if applicable:				
	(no more than 90 days after amendment file date)				
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.				
۸do	option of Amendment(s) (CHECK ONE)				
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.				
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	May 9, 2018 Dated				
	Signature Sake Fait				
	(By the chairman or 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)				
	Isabel Benitez				
	(Typed or printed name of person signing)				
	President, FREEDOM IMMIGRATION, INC.				
	(Title of person signing)				