# N24000000841

(F	Requestor's Name)	
A)	ddress)	
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(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	o Filina Officer:	
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Office Use Only



800437779138

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Freedom Medical Initiative, Inc.  NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the foll	owing:
Nikki Kelley	
(Name of C	Contact Person)
Freedom Medical Initiative, Inc.	
(Firm/	Company)
5920 O.C. Phillips Rd	
(A	ddress)
Walnut Hill, FL 32568	
(City/ State	and Zip Code)
theaccessiblenp@yahoo.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Nikki Kelley	850 324-6654
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	e Florida Department of State:
S35 Filing Fee S43.75 Filing Fee S S43.75 Filing Fee Certificate of Stratus (Addition enclosed)	Copy Certificate of Status nal copy is Certified Copy

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 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

Freedom Medical Initiative, Inc.

Artici	of	
Freedom Medical Initiative, Inc.	U1	200
ame of Corporation as currently filed with the Florida	Dept. of State)	
/Document Num	nber of Corporation (if known)	
· ·	•	
resuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation	n adopts the following
If amending name, enter the new name of the corpora	ation:	
MA		The new
ame must be distinguishable and contain the word "corpor	ration" or "incorporated" or the abbreviation	
Company" or "Co." may not be used in the name.	( ( )	
B. Enter new principal office address, if applicable:	NA	
Principal office address <u>MUST BE A STREET ADDRES</u> .	<u>(S</u> )	
	<del></del>	<del></del>
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)	1917	<u> </u>
		<u> </u>
<ul> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ul>		<u>the</u>
N	A	
Name of New Registered Agent:		
	(P) with group address)	
New Registered Office Address:	(Florida street address)	
	, Flor	rida
		ip Code)
	• •	
New Registered Agent's Signature, if changing Registers hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of to	he nosition.
петеру ассері іне арроінітені ах гедіметей адені. Тат	jammar with and accept the obligations of the	promise
<del></del>	Signature of New Registered Agent, if chang	ging

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		NIA	
Remove			
2) Change Add	<del></del>		
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		ional Articles, enter change(s) here: essary). (Be specific)	
Please inleade the follow	ing at the	e requirement of the IRS under Article III:	
"Freedom Medical Initia	tive, Inc.	is organized exclusively for charitable, religious, edu-	cational, and scientific purposes,
including, for such purpo	ses, the	making of distributions to organziations that qualify a	s tax exempt organizations
described under section	501(c)(3)	of the Internal Revenue Code, or corresponding section	on of any future federal tax code.
Upon the dissolution of t	he organ	ization, assets shall be distributed for one or more exe	mpt purposes within the meaning

of Section 501(c)(3) of the Into	rmal Revenue Code, or corresp	ponding section of any	future federal tax code,	or shall be
distributed to the federal gover	nment, or to a state or local go	overnment for a public	purpose."	
	112.	-		
		<u></u>		
				1.700
		<u> </u>		···
				<u></u>
· — "				
The date of each amendment date this document was signed				, if other than the
Effective date if applicable:	10/11/2024			
	(no more than 90	days after amendment	file date)	
Note: If the date inserted in the document's effective date on t	is block does not meet the app he Department of State's recor	olicable statutory filing rds.	g requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members a oproval.	and the number of vote	s cast for the amendmen	nt(s)

adopted by the board of	directors.
Dated 0	11/2027
Signature /	
(By th	e chairman or vice chairman of the board, president or other officer-if directo not been selected, by an incorporator – if in the hands of a receiver, trustee. o
	court appointed fiduciary by that fiduciary)
N	ikki Kelley
	(Typed or printed name of person signing)
ı	Sirector, President, CEV (Title of person signing)
1	

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Freedom Medical In	itiative, Inc.		
DOCUMENT NUMBER:			-	
DOCUMENT NUMBER:				
The enclosed Articles of Am	nendment and fee are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Nikki Kelley				
		(Name of Contact Po	erson)	
Freedom Medical Initiative,	Inc.			
		(Firm/ Company	y)	
5920 O.C. Phillips Rd	•			
		(Address)		
Walnut Hill, FL 32568				
		(City/ State and Zip	Code)	
theaccessiblenp@yahoo.com	า			
E	-mail address: (to be used	f for future annual rep	port notification	1)
for further information conc	erning this matter, please	call:		
Nikki Kelley		at	850	324-6654
	(Name of Contact Person	)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida l	Department of	State:
□ \$35 Filing Fee	Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee cate of Status ed Copy ional Copy is

Mailing Address

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

201405 17 PM

Freedom Medical Initiative, Inc.		17 p
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	11 p. 4.19
(Document N	lumber of Corporation (if known	n)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Pro	ofit Corporation adopts the followin
A. If amending name, enter the new name of the corp	oration:	and a
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	poration" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, ente	r the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida :	street address)
	(City)	, Florida (7.ip Code)
New Registered Agent's Signature, if changing Registed hereby accept the appointment as registered agent. I a		bligations of the position.
	Signature of New Registered A	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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change Add		NIA		
Remove				
2) Change Add		_		
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove			<u></u>	
6) Change Add				
Remove				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Please inleude the follow	ing at the	requirement of the IRS under Article III:		
"Freedom Medical Initiat	ive, Inc. i	is organized exclusively for charitable, religious, ec	lucational, and scientific purposes,	
including, for such purpo	ses, the π	naking of distributions to organziations that qualify	as tax exempt organizations	
described under section 5	01(c)(3)	of the Internal Revenue Code, or corresponding sec	tion of any future federal tax code.	
Upon the dissolution of the	ne organia	zation, assets shall be distributed for one or more e	cempt purposes within the meaning	

distributed to the federal gover	nment, or to a state or local government for a public purpose."	
	,	
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		<del></del>
		<del></del>
<del></del>		
	10/11/2024	
The date of each amendment date this document was signed	(s) adoption:	, if other than the
_	10/11/2024	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendar proval.	nent(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated   0   1   2027  Signature
(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)  Nikki Kelley
(Typed or printed name of person signing)
Director, Prisident, CEV (Title of person signing)