N9500002419

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Institute for Financial DN :	Freedom, INC		
	N95000002419	***************************************		
DOCUMENT NUMBER: _				
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Craig Smith				
	(Name of Contact Per	son)	
Institute for Financial Freedo	om, INC.			
		(Firm/ Company)		
1410 SW 3rd st.				
	· · · · · · · · · · · · · · · · · · ·	(Address)		• •
Pompano Beach, FL 33069				
	(City/ State and Zip C	ode)	
c.smithcypress@gmail.com				
E	-mail address: (to be used	for future annual repo	rt notification)
For further information conc	erning this matter, please c	all:		
Craig Smith			561	910-0556
-	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida De	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status fied Copy cional Copy is used)
Mailing A	ddrees	Stra	ot Addross	

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 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Institute for For Financial Freedom, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N95000002419 (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: Financial Freedom National, INC. 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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional she	ng additional Articlets, if necessary).	(Be specific)				
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	date of each amendment(s) this document was signed.	adoption:	, if other than the		
Effe	ctive date <u>if applicable</u> :				
		(no more than 90 days after amendment file date)			
		plock does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the		
Adoption of Amendment(s)		(<u>CHECK ONE</u>)			
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) oval.			
	There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.			
	Dated 10/2/201	5			
	Signature(By the ch	airman or vice chairman of the board, president or other officer-if directors	<u></u>		
	have not	been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)			
	Jerem	y Marcus			
		(Typed or printed name of person signing)			
	Pa	ESIDONT			
		(Title of person signing)			