# N95000002419

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TO: Amendment Section Division of Corporation	as					
NAME OF CORPORATION	Financial Freedom N					1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
DOCUMENT NUMBER:	N95000002419					
The enclosed Articles of Am	endment and fee are sub	mitted for filing.				
Please return all corresponde	ence concerning this matte	er to the following:				
Coral Smolen						
		(Name of Contact Pers	son)			
		(Firm/ Company)				
1410 SW 3rd Street						
		(Address)				
		(Address)				
Pompano Beach, Florida 33	069					
		(City/ State and Zip Co	ode)	-		
coral.smolen@gmail.com						
Е	-mail address: (to be used	for future annual repo	rt notification	1)		<del></del>
For further information conc	erning this matter, please	call:				
Coral Smolen		at	954 715 7801	I		
	(Name of Contact Person		Area Code)	(Daytime Te	lephone Number)	
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida De	partment of S	State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is		

## **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 Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

Financial Freedom National, 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: 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 (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 D           V         Mike J           SV         Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Craig Smith	1410 SW 3rd Street
Add			Pompano Beach, Florida 33069
X Remove			
2) Change	D	Joseph Ford	606 NE 14 Ave
Add			Fort Lauderdale, Florida 33304
X Remove			
3) Change		W. 1.	
Add			
Remove			
4) Change			
Add	•		
Remove			
5) Change			
Add			
Remove			
O Channe			
6) Change			
Add			
Remove			

If amending or adding attach additional sheet	s, if necessary).	(Be spec	ific)				
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The date of each amen	idment(s) adoption:	, if other than the
date this document was	signed.	
Effective date if applie	able:	
	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this date will note on the Department of State's records.	ot be listed as the
Adoption of Amendme	ent(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
Dated	December 10, 2015	
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)  Jeremy Marcus	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	