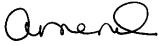
# P07000066806

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

PORATION:	Freedom Homebuilders,	Inc
DOCUMENT NUMBER: P07000066806		
cles of Amendment and fee	are submitted for filing.	
orrespondence concerning th	is matter to the following:	
	Mary G. Jones	ennemen men inni mel mel diministrati.
1	Name of Contact Person	
Freed		
	Firm/ Company	
50 S		
	Audress	
	Stuart, FL 34994	
	•	
E-mail address: (to be use	ed for future annual report notification)	
ation concerning this matter,	, please call:	
Mary G. Jones	at ( 772- ) 52	8-7363
of Contact Person	Area Code & Daytime Tele	phone Number
k for the following amount r	nade payable to the Florida Departr	ment of State:
\$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
ddress at Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building	
	### Seles of Amendment and fee increspondence concerning the series of Security of Securit	Mary G. Jones    Name of Contact Person

Tallahassee, FL 32301

#### **Articles of Amendment**

**Articles of Incorporation** 

of

FILED 2009 OCT 15 AM 9: 16

### Freedom Homebuilders, Inc. (Name of Corporation as currently filed with the Florida De P07000066806 (Document Number of Corporation (if known)

abbreviation "Corp.," "Inc.," or Co.," or the designation mame must contain the word "chartered," "professional	The rd "corporation," "company," or "incorporated" or ation "Corp," "Inc," or "Co". A professional corporated al association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u> ) Suite 101
	Stuart, FL 34994
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>50 SE Ocean Blvd</u>
	Suite 101 Stuart, FL 34994
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
<u>New Registered Office Address</u> :	, Florida

## 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)

Title Name **Address** Type of Action Robert P. Smithwick D ☐ Remove Hobe Sound, FL 33455 ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	(s) adoption: 10-12-09	
	(date of adoption is required)	
Effective date if applicable:  (no more than 90 days after amendment file date)		
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
The amendment(s) was/wer must be separately provided	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/12	2/09	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Mary G. Jones	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	