# P0800000 8247

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08/25/19--01019--008 \*\*35.00





#### **COVER LETTER**

TO: Amendment Section Division of Corporations Freedom Motorcars Inc NAME OF CORPORATION: <u> Poso 0000</u> DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Address For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

**Mailing Address** 

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

Certificate of Status

#### Street Address

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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

### **Articles of Amendment**

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## Articles of Incorporation

	01		
Freedown Mater	curs Inc		
(Name of Corpo	oration as currently filed with the F	lorida Dept, of State)	7.03
P08000008	cws Incoration as currently filed with the F		15
(D	ocument Number of Corporation (if k	nown)	
arsuant to the provisions of section 607,1006. Fl	harida Statutos, this Florida Profit Co	enaration adopte the following of	mund
Articles of Incorporation:	icerda Statutes, uns Fibrial Froju Co	iportation adopts the rostowing at	menti
If amending name, enter the new name of t	he corporation:		
		_	
me must be distinguishable and contain the	ward "cornoration " "company "		he n wotan
Corp.," "Inc.," or Co.," or the designation "Cord "chartered." "professional association," of	Corp," "Inc," or "Co". A profession		
Enter new principal office address, if applications			
rincipal office address <u>MUST BE A STREET</u>	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
	<del> </del>		
If amending the registered agent and/or reg new registered agent and/or the new register		ter the name of the	
new regimered agent and with new regime	crea office addition.		
Nama of New Registered Agent			
·	·		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code	01
	The state of the s		
w Registered Agent's Signature, if changing ereby accept the appointment as registered age		e obligations of the position.	
		and the second s	
	Signature of New Registered Agent, i,	Changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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; CE() + Chi Executive Officer; CF() = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	Jessica Bebha	10301 areanhedge. Tampa FL 330
Add			Tampa FL 330
_X Remove			
2) Change	<del></del>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	dding additional Ar sheets, if necessary)	. (Be specific)	Fath mere			
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If an amendment	provides for an exc nplementing the am	change, reclassific	ation, or cancell	ation of issued sh	iares,	
(if not applie	cable, indicate N/A)	ненармент пос с	miamed in the a	menument itseit.		
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	<u> </u>					
	<del></del>		<del>.</del>	<del></del>	<del></del>	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: 64/2019	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	fate will not be listed as il
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	:(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder</li> </ul>	der
action was not required.	
Dated 6k1/2019	
Signature	
(By a director, position or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other corappointed fiduciary by that fiduciary)	art
Christopher Belsha	·
(Typed or printed name of person signing)	
<u>Prcsident</u>	
(Title of person signing)	