# P14000101586

(Requestor's Name)				
dress)				
dress)				
y/State/Zip/Phone	÷#)			
☐ WAIT	MAIL			
siness Entity Nan	ne)			
cument Number)				
_ Certificates	of Status			
Filing Officer:				
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nan  cument Number)  Certificates			

Office Use Only



800268417288

01/16/15--01002--026 \*\*35.00





#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

FREEDOM DREAM FLORIDA LAND TRUST, INC.

**DOCUMENT NUMBER:** P14000101586

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

### MASOMMAT LUTFA BEGUM

Name of Contact Person

FREEDOM DREAM FLORIDA LAND TRUST, INC.

Firm/ Company

9200 PARK BLVD. APT 402

SEMINOLE, FL 33777

City/ State and Zip Code

## newlutfa18@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## MASOMMAT LUTFA BEGUM at (727 ) 301-7291

TO ME STATE OF STATE

Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee

□S43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy

(Additional copy is enclosed)

□:52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy

is enclosed)

#### **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

	currently filed with the Flo	rida Dept. of State	<u> </u>	
P14000101586				
(Documen	nt Number of Corporation (if k	(nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>FI</i>	orida Profit Corpo	eration adopts the following	lowing amendment(s)
A. If amending name, enter the new na	nme of the corporation:			
				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professiona	"incorporated" or t l corporation name t	he abbreviation nust contain the
B. Enter new principal office address, (Principal office address MUST BE A S				<del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				15 JAN 16
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			r the name of the	PH 7: 41
Name of New Registered rigent	9200 PARK BI	LVD. #402	2	<b>.</b>
	(Florida stree	t address)		_
New Registered Office Address:	SEMINOLE	<u></u>	, Florida 33777	
	(City)		(Zip Coa	(e)
New Registered Agent's Signature, if c I hereby accept the appointment as regist  Si			bligations of the posi	tion.

## 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	CHERYL CAMP	9200 PARK BLVD.
Add			APT. 402
Remove			SEMINOLE, FL 33777
2) Change	Р	MASOMMAT LUTFA BEGUN	9200 PARK BLVD.
Add			APT. 402
Remove			SEMINOLE, FL 33777
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or add (Attach additional sh	nng auditional Afti neets, if necessary).	(Be specific)	<u>ze(s) nere</u> :		
				,	
					· · · ·
		<del> </del>			
If an amendment p	rovides for an exch	ıange, reclassific	ation, or cancellat	ion of issued share	<u>es,</u>
provisions for imp	olementing the ame ble, indicate N/A)	ndment if not co	ntained in the ame	endment itself:	
	,				
	· · · · · · · · · · · · · · · · · · ·		<del></del>		
			,		
· · · · · ·					
					<u> </u>

The date of each amendment(s) adoption: JANUARY 12, 2015	, if other than the
date this document was signed.	
Effective date if applicable: JANUARY 12, 2015  (no more than 90 days after amendment file days)	nte)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	d shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
Dated JANUARY 12, 2015	
Signature Ut a	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	other court
MASOMMAT LUTFA BEGUM	
(Typed or printed name of person signing)	)
125105VT	
(Title of person signing)	