P15000099658

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FREEDOM FABR	ICATORS INC.	
DOCUMENT NUMBI	D15000000659		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-		Name of Contact Persor	1
-		Firm/ Company	
_		Address	
_	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	<u> </u>
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
JACKIE ROSEMARK		at (718-8600
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FREEDOM FARRICATORS INC

FREEDOM FABRICATORS INC.	
	tly filed with the Florida Dept. of State)
P15000099658	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co", 'chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
A Production of the Control of the C	N/A
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
). If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address: N/A	Planta
New Registerea Office Address:	, Florida
lew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	it: with and accent the obligations of the position
петогу иссерт те прротинет во гедыства идена. Тип јанина	and the tecept the transmission of the position.
,	
_N/A	Registered Agent, if changing
Signature of New	Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	CHRISTINE ROSEMARK	16030 E DOWNERS DR
X Add			LOXAHATCHEE, FL 33470
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			.
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Artial sheets, if necessary).	(Be specific)	s) here:		
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nrovisions for	ent provides for an exch implementing the ame	lange, reclassificati adment if not cont	<u>ion, or cancellation</u> sined in the amend	of issued shares,	
(if not app	licable, indicate N/A)	namem n mor com	anto in the antend		
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	adoption:	, if other than the
date this document was signed.		
	1/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · · ·
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareh-	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
	oproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes case	st for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
05/21/203	4	
Dated	2	
Signature		
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	JACKIE ROSEMARK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	