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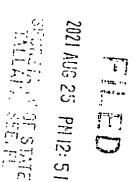
(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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A. Butler

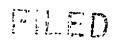
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Global Freedom Co	nsulting Corporation	<u> </u>
	BER: P21000073274		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Paola Garcia		
		Name of Contact Person	
	Global Freedom Consulting C	Corporation	
		Firm/ Company	
	7420 W 20 Ave, #450		
		Address	
	Hialeah, FL 33016		
		City/ State and Zip Code	
	Paoladadg3@gmail.com		
		ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Paola Garcia		at (210-5229
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Global Freedom Consulting Corp

(Name of Corporation	as currently filed with the Florida Dep	or, of State JUG 25 PH 12: 5
P21000073274		SEAR IT I CAR ASSE
(Docume	nt Number of Corporation (if known)	TALLABASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation a	adopts the following amendment
A. If amending name, enter the new name of the cor	poration:	
		Thenew
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation	" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ý <u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the na	ame of the
Name of New Registered Agent		
	(Florida street address)	
100 44		, Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligation	ons of the position.
Signa	nture of New Registered Agent, if changing	<u></u>
Check if applicable		

 \Box 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, 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; CEO = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hel 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.

X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Alexa Uriba	7420 W 20 Ave
Add			Unit 450
X Remove			Hialeah, FL 33016
2) Change	VP	Alexa Uribe	7420 W 20 Ave
X Add			Unit 450
Remove Change			Hialcah, FL 33016
Add Remove 4) Change			
Add Remove			
5) Change Add			
Remove 6) Change			
Add		· —	
Remove			

	s, if necessary).	(Be specific)				
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	vides for an exch	ange, reclassific	ation, or cancella	ition of issued sh	ares,	
f an amendment prov	nenting the ame	<u>nament it not co</u>	miamed in the ai	nenament itsen.		
provisions for implen	indicate N/A)					
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provisions for implen	indicate N/A)		<u>-</u> ,			
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•	08/14/2021	
	ndment(s) adoption:	, if other than
date this document was	-	
	08/14/2021	
Effective date <u>if appli</u>	icable:	
	(no more than 90 days after amenament file date)	
	erted in this block does not meet the applicable statutory filing requirements, this date will late on the Department of State's records.	1 not be listed as
Adoption of Amendm	nent(s) (<u>CHECK ONE</u>)	
The amendment(s) action was not requi	was/were adopted by the incorporators, or board of directors without shareholder action and ired.	l shareholder
	was/were adopted by the shareholders. The number of votes east for the amendment(s) s was/were sufficient for approval.	
	was/were approved by the shareholders through voting groups. The following statement provided 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)	
	8/18/2021	
Date	8/18/2021 ed	
Sign	(By a director, president or other officer – if directors or officers have not been	
Sign	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Paola Garcia	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	