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## **COVER LETTER**

Registration Section

TO:

Division of Cor	rporations		·		
FREEDON	4 FINANCIAL GROUP TAX	PLANNING LLC			
	Name of Lin	nited Liability Company	·· <u>·</u>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CHRIS FEHR				
		Name of Person	<del></del>	<b>~</b>	
	FREEDOM FINANCIAL GROUP TAX PLANNING LLC				
		Firm/Company		2023 NOV -3	
	6710 PROFESSIONAL PARKWAY, SUITE 205				
		Address	· · · ·	PH 3:	
	SARASOTA, FL 34240			2023 NOV -3 PH 3: 15	
	CHRIS@SOARWITHFFG	City/State and Zip Code			
		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
CHRIS FEHR		941 323-1045 at ( )			
Name o	f Person		ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	ntus &	
Mailing Addres		Street Address:	ation.		
Registration S Division of C		Registration Se Division of Co			
P.O. Box 632	•	The Centre of	•		
Tallahassee 1	31 32314	2415 N. Monro	se Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREEDOM FINANCIAL GROUP TAX PLANNING LLC

e Articles of Organization for this Limited Lia	bility Company	were filed on	and assigned	
orida document number L22000070404	·			
is amendment is submitted to amend the follow	ving:			
If amending name, enter the new name of t	the limited liab	ility company here:		
REEDOM FINANCIAL WEALTH & TAX LLC				
e new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.E.C."	
nter new principal offices address, if applicable:		6710 PROFESSIONAL PARKWAY		
rincipal office address MUST BE A STREET ADDRESS)		SUITE 205	0 San	
		SARASOTA, FL 34240	-3 -3	
			PH ROCK	
ter new mailing address, if applicable:		Sime as about	الح ي الملا	
ailing address MAY BE A POST OFFICE B	•		<b>5</b>	
If amending the registered agent and/or regent and/or the new registered office address	•*	address on our records, enter the i	name of the new regis	
the and/or the new registered office address	iici c			
Name of New Registered Agent:	CHRISTOPHER FEHR		- <del></del>	
	11709 CLUBH	OUSE DRIVE		
New Registered Office Address:	Enter Florida street address			
New Registered Office Address:		Erner Fiorita street address		
New Registered Office Address:	SARASOTA	Florida	34240	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CHRISTOPHER FEHR	11709 CLUBHOUSE DRIVE	
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Filing Fee: \$25.00