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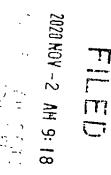
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COVER LETTER

	on of Corp			
P SU BJECT :	lan B Freed			,
, codect			ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return ai	l correspone	dence concerning this matter	to the following:	
		Robert Leswig		
			Name of Person	
		Sawdust Group LLC		
			Firm Company	
		700 E Boynton Beach Blvd	1 Unit 210	
			Address	
		Boynton Beach, Florida 3:	3435	
			City/State and Zip Code	
		rjleswig@gmail.com		
		E-mail address: (to be used for future annual repo	ort notification)
For further info	rmation cor	ncerning this matter, please ca	all:	
Robert Leswig			630 890-89	200
	Name of I	Person		Daytime Telephone Number
Enclosed is a ch	neck for the	following amount:		
□ \$25.00 Fiti	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address:		Street Addre	
	stration Se ion of Co	rporations	Registratio Division o	on Section f Corporations
	Box 6327			e of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plan B Freedom LLC			
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears (Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Co	ompany were filed on 08/31	/2020	_ and assigned
lorida document number L200058987	·		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ted liability company here	:	
awdust Group LLC			
ne new name must be distinguishable and contain the words "Limit	ted Liability Company." the desi	gnation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:	N/A	·	2020
Principal office address MUST BE A STREET ADDR	ESS)		9
			-2
			≟ M
nter new mailing address, if applicable:	· N/A	*,	ت و
Mailing address MAY BE A POST OFFICE BOX)		7° 5.3	8
		<u></u>	
			
If amending the registered agent and/or registered	office address on our rece	ords, <u>enter the name o</u>	f the new registe
ent and/or the new registered office address here:			
Name of Name Productional Arrants N/A			
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

Title	Name	Address	Type of Action
N/A	N/A	N/A	
			□Remove
			Change
			
			URemove
			Change
	·	 	①Add
		 	CRemove
			
			Change
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			□Remove
			Ll Change
			□Add
			🗀 Remove

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Filing Fee: .\$25.00