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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: J + L ATOMIG GROW LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jerry B MORRIS Name of Person
J& L ATOMIC GROW LLC
1560 CLAYTON ROAD
Chipley Fla 32428 City/State and Zip Code
Jerrylyn 46 att, net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jerry B Morris at (850), 638-7628  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J+ L ATOMIG GROW LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on March 25, 2013	and assigned
Florida document number <u>L \30000 4446</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	ation "I.I.C."
The new name must be distinguishable and contain the words. Elimited Elability Company, the designation. ELC. of the aborevis	mon L.L.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending-the-registered agent-and/or registered office address on our records, enter the	name of the nev
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
City Zi	p 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am family	4 7

If Changing Registered Agent, Signature of New Registered

Page 1 of 3

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.

ATE d

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 Type of Action** Name <u>Address</u> □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove □ Change □ Add \_□ Remove ☐ Change □ Add ~> □ Remove 7 ☐ Ghange D Add \_□ Remove ☐ Change

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Filing Fee: \$25.00