## L21000468356

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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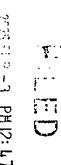
Office Use Only



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LIVER OF STATE



## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   | ŧ "   |   |
|--|---|---|---|
| SUBJECT:                               | Dak street                                    | Grow LLC ited Liability Company   |   |
|  | Name of Lim                                   | ited Liability Company  | · · · · · · · · · · · · · · · · · · ·   |
| The enclosed Articles of               | Amendment and fee(s) are sub                  | mitted for filing.  |   |
| Please return all correspo             | ondence concerning this matter                | to the following:   |   |
|  | - Pet   | Name of Person  | <del>_</del>  |
|  |   | reet Group, LLL Firm/Company  |   |
|  | <u> 3491 Pa</u>                               | 11 Mall D #20   | 21  |
|  | Sach  | City/State and Zlp Code  Cao Coastal. US  to 46 used for future annual report notif | 57  |
|  | Peter C<br>E-mail address: (                  | ao Coasta 1. US   | ication)  |
| For further information c              | oncerning this matter, please ca              | all:  |   |
| Petr.                                  | 1 Esdate                                      | at ( <u>A04</u> ) <u>463-1</u><br>Area Code Daytimo                                 | 4094  |
| 'Name o                                | f Person                                      | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for the            | ne following amount:                          |   |   |
| □ \$25.00 Filing Fee                   | \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                 | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                         | is:   | Street Address:   |   |

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compan<br>(A Florida Limited Li   | y as it now appear<br>ability Company) | S on our re       | ecords.)                            |
|--|--|-------------------|-------------------------------------|
| The Articles of Organization for this Limited Liability Company v<br>Florida document number <u>L 71000 468356</u> .                               | vere filed on                          | Νυγ.              | 17 2021 and assigned                |
| This amendment is submitted to amend the following:  |  |                   |                                     |
| A. If amending name, enter the new name of the limited liabil  | ity company he                         | re:               |                                     |
| The new name must be distinguishable and contain the words "Limited Liabilit   | u Campany " tha d                      | aciamation '      | "I I C" or the abbraviation "I I C" |
| Enter new principal offices address, if applicable:  | 3491                                   | Pall              | mall De HZOI                        |
| (Principal office address MUST BE A STREET ADDRESS)  | JACKSO                                 | nville            | MAII DC #201                        |
|  |  |                   | MS R.                               |
| Enter new mailing address, if applicable:  |  |                   | ांचे                                |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                   |                                     |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:  Name of New Registered Agent: | ldress on our r                        | ecords, <u>er</u> | nter the name of the new register   |
|  |  |                   |                                     |
| New Registered Office Address:   | Enter Flor                             | ida street ac     | address                             |
|  |  |                   | . Florida<br>Zip Code               |
| New Registered Agent's Signature, if changing Registered Agent:  | City                                   |                   | Zip Code                            |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p                     |  |                   |                                     |

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> | <u>Name</u>          | Address                                    | Type of Action |
|--------------|----------------------|--|----------------|
| <u>mbr</u>   | Paul Anderton Esdale | 1805 OceanDr S.                            | le Add         |
|              |                      | 1805 Ocean Dr S.<br>Jacksonville Beach, Fr | □Remove        |
|              |                      | 32250                                      | □Change        |
|              |                      |  | □Add           |
|              |                      |  | □Remove        |
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| Note: If                | e date, if other than the date of filing:  |
| e record<br>rd is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.  |
| Dated _                 | 8124/25  |
|                         | Signature of a member or authorized representative of a member   |
|                         |  |

Filing Fee: \$25.00