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COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT: Pot N G	rounds LLC		
	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Amendment and fee(s) are sul		
	Lyndsey Perry		
		Name of Person	
	Pot N Grounds LLC		
		Firm/Company	
	945 Spring Circle, #	102	
		Address	·
	Deerfield Beach, FL	. 33441	
		City/State and Zip Code	
	lynper0827@gmail.c	om	
		to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Name o	f Person	at ()Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

FILED

2022 AUG 24 AM 9: 37

Zip Code

SECREBARY SESTIME Pot N Groonds 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 08.22.2022 and assigned Florida document number L22000362126 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pot N Grounds LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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	
		 		
			□ Remove	
			☐ Change	
			□ Add	
			□ Remove	
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