## L04000028572

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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**S Warren**JAN 0 9 2017



December 22, 2016

VICKIE Y. MENIFEE P.O. BOX 5379 WOODBRIDGE, VA 22194

SUBJECT: ENCORE FACILITIES MANAGEMENT GROUP, LLC

Ref. Number: L04000028572

We have received your document for ENCORE FACILITIES MANAGEMENT GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00027251

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		ilities Management Group, LL	C.	
SOBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Vickie Y. Menifee		
		<del></del>	Name of Person	
		Encore Facilities Manager	ment Group, LLC.	
		·	Firm/Company	
		PO Box 5379		
			Address	<del></del>
		Woodbridge, Va 22194		
			City/State and Zip Code	
		Victoria@jangrow.com		
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please c	all:	
Vickie Y	Menifee		407 595-1598 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
<b>\$25.0</b>	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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**

Encore Facilities Management Group, LLC.		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)
ne Articles of Organization for this Limited Liability Company orida document number L04000028572	were filed on 04/14/2004	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
n-Grow, LLC.		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	3956 Town Center Blvd	1
rincipal office address MUST BE A STREET ADDRESS)	Suite 478	
	Orlando, Florida 32837	
nter new mailing address, if applicable:	PO Box 5379	
lailing address MAY BE A POST OFFICE BOX)	Wodbridge, Va. 22194	<b>-</b>
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her  Name of New Registered Agent:		ecords, <u>enter the name of the</u>
N. D. 1. 10%		
New Registered Office Address:	Enter Florida street	t address
	Florida	
	Ciţy	, Florida Zip Code

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 Age Page 1 of 3

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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			Change
			DF STATE Remove
			Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	·
(If an ei <u>Note:</u> docur	Date of filing  (optional)  ffective date, if other than the date of filing:  (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
) The	e 90th day after the record is filed.
Dated	Signature of a member of authorized representative of a member
	Vick-e WENIFEE
	Page 3 of 3

Filing Fee: \$25.00