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EXAMINER

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT: James E	Bonds Sales Certified, I	LLC.	
SUBJECT:		nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
	Nechell Bonds		
	James Bonds Sales	(Name of Person)	
	James Bullus Sales	(Firm/Company)	···
	14557 Broadhaven	Blvd. (Address)	<u> </u>
	Orlando, FL 32828	(City/State and Zip Code)	
For further information of	concerning this matter, please of	call:	2008 TALL
Nechell Bonds	of Person)	at (616) 581-3076 (Area Code & Daytime	ALLAR AN SECRET AN ARRY SECRET
(типе		(rital code de sayame)	mi
Enclosed is a check for t	· ·		FIGNA D
\$25.00 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)
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	R ADDRESS:
Divisio	on of Corporations ox 6327	Division of Corporation Clifton Building	ons

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Bonds Sales Certified	, LLC.			
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records lorida Limited Liability Company)	9)		
The Articles of Organization for this Limited Liab	oility Company were filed on February 12, 200)7 ar	nd assig	gned
Florida document number <u>L07000016257</u>	·•			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability company here:			
NuGrown Solutions LLC				
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the designati	on "LEC" or	r the ab	breviation
B. If amending the registered agent and/or			75	**************************************
B. If amending the registered agent and/or registered agent and/or the new registered office		L1.1<	me or	ų.
registered agent and/or the new registered office	a nada oko noro.	er st	R ::	
Name of New Registered Agent:		ROE DE	: 02	
New Registered Office Address:				
	(Enter Florida stree	n address)		
	, Florid	a		
	(Citv)	(Zit	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

:	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u>.</u>			Add Remove
			AddRemove
			Add Rèmove
<u>.</u>			AHASS Add
f ameno	ling any other information, enter cl	nange(s) here: (Attach additional sheets	if necessary)
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 d <u>Janu</u>	ary 8	008	
	100 erl. 11	mber or authorized representative of a mem	

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Filing Fee: \$25.00