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COVER LETTER

TO: Registration S Division of Co					
Auro Co	Auro Community Garden, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	John E. Napolitano, Esq.				
	 	Name of Person			
	Napolitano Law, LLC				
		Firm/Company			
	233 Della Court				
		Address			
	Spring Hill, Florida 3460	6-5358			
		City/State and Zip Code			
	jnapolitanolaw@mac.com				
	E-mail address: (to be used for future annual report no	dification)		
For further information	concerning this matter, please o	all:			
John E. Napolitano		352 600-7977			
Name	of Person	at ()	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$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)		
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection		
Division of C		Division of Co.			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Auro Community Garden, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company	ars ou one records")
The Articles of Organization for this Limited Liability Company were filed on Florida document number	July 9th, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	bere:
Om Grown Community Garden, 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)	
	()
	<u> </u>
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	<u>~</u>
	orida street address
•	. Florida
Clrv	Zin 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 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>	Name	Address	Type of Action
MGR	Maria Scunziano-Singh	5327 Commercial Way, #C113	
		Spring Hill, Florida 34606	■Remove
	•		Change
			DAdd
•			CI Remove
			Change
			
			□Remove
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<u>. </u>			□Add
			□Remove
	•		□Change

II ameni	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
Leoke: 11	e date, if other than the date of filing:
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	april 12 , 2021
	Signature of a member or authorized representative of a member
	1
	Pariksith Singh, Manager, Auro Property Management, LLC Typed or printed name of signee

Filing Fee: \$25.00