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SECONDARIAS SEE FLORIDA

J. BRYAN

OCT -8 2010

EXAMINER

COVER LETTER

Division of Co	orporations			
SUBJECT;	Growing	Interactive, LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing.		TS TO
Please return all corresp	ondence concerning this matter	r to the following:		FILEU DA 12: 39
		Betty Welker		P. C.
		Name of Person		[0]
	DE TO			
Firm/Company				
	14004	Roosevelt Blvd, Ste 6011	<u> </u>	
		Address		
		Clearwater, FL 33762		
		City/State and Zip Code		
	b.welk	cer@growinginterative.com	n (titication)	
		•	uncanon)	
For further information	concerning this matter, please	call:		
E	Betty Welker	at (727)	538 7734	
Name	of Person	at (727) Area Code & Dayti	ime Telephone Number	
	•			
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Li	owing Interactive, LLC	s on our records.)	SSE PERO	
(A Fl	ability Company as it now appear: orida Limited Liability Company)	<u> </u>		
The Articles of Organization for this Limited Liab	•	05/18/2009	and assigned	
Florida document numberL090004800	<u>. </u>			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compar	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
			<u></u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		ur records, <u>enter 1</u>	he name of the new	
				
Name of New Registered Agent:	·			
New Registered Office Address:	Fnt	ter Florida street ada	lross	
-	City	, Florida	Zip 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 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:

٠,

MGR = Manager MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> <u>Address</u> MGR Gail F. Holden 14004 Roosevelt Blvd, Ste 601H ✓ Add Clearwater, FL 33762 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 4 2010

Betty Welker, Assistant Secretary

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00