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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Bootamont Hambor)						
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Special Instructions to Filing Officer:						

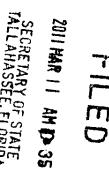




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T. CLINE
MAR 1 4 2011
EXAMINER



COVER LETTER

TO:	Registration S Division of Co					
SUBJE	СТ:	Smart	Grown, LLC			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
		 	Michelle Eliasen Name of Person			
-			Smart Grown, LLC Firm/Company	· · · · · · ·		
			P.O. Box 1317 Address			
		Hi	ghland City, FL 33846 City/State and Zip Code			
		E-mail address: (akeland, FL 33846 to be used for future annual report notifica	ution)	:	
For furt	her information o	concerning this matter, please of	eall:		ZOII MAR II SECRETARY	****
<u>, </u>		chelle Eliasen of Person	at (<u>863</u>) <u>5</u> Area Code & Daytime T	10-0179 Felephone Number	TARY OF STA	FILED
Enclose	d is a check for t	he following amount:			Om w	C
V \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate Certified C	g Fee, of Status &	d)

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

(Name of the Limited I	Smart Gro Liability Compa Florida Limited L	OWN, LLC ny as it now appears on Liability Company)	our records.)	,				
The Articles of Organization for this Limited Lia Florida document numberL09000054	,	were filed on	6/3/2009	and as	ssigned			
This amendment is submitted to amend the follow	wing:							
A. If amending name, enter the new name of	the limited liab	ility company here:						
	Smart Grov							
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company,"	the designation	n "LLC" or the	abbreviation			
Enter new principal offices address, if applica	3435 Craftsman	Blvd						
(Principal office address MUST BE A STREET	ADDRESS)	Lakeland, FL 33	803	2011 SEC				
T)		DO Per 1017		MEN II	7			
Enter new mailing address, if applicable:	P.O. Box 1317	00040	FO R	-177				
(Mailing address MAY BE A POST OFFICE B	Highland City, FL		CRAIN SS					
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, ente	r the name	of the new			
Name of New Registered Agent:	Todd R Elias	sen						
New Registered Office Address:	New Registered Office Address: 3435 Craftsman Blvd Enter Florida street address							
	<u>Lakeland</u>	, Florida						
	City		Zip Cod	le				

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:

MGR = Manager

MGRM = Managing Member **Type of Action** Title **Address** <u>Name</u> Greener Futures, LLC **MG**R P.O. 1317 ✓ Add Highland City, FL 33846 Remove P.O. Box 2794 Emilio Montero Add 🔲 MGRM_ Lakeland, FL 33806 ✓ Remove P.O. Box 2794 MGRM Digital Bay Management, LLC Add Lakeland, FL 33806 □ Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00