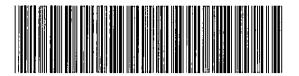
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(Requestor's Name)
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COVER LETTER

	egistration Servision of Cor		•				·	
CHD IV/T	LOVE TO BE WELL LLC							
SUBJECT		Name of Lim	ited Liability Compa	iny		····		
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please retur	n all correspo	ndence concerning this matter	to the following:					
		BEVERLY L CLARK						
			Name of Per	son			_	
		LOVE TO BE WELL LLC	2					
			Firm/Compa	ny			-	
1911 MCLEOD RD								
			Address			_	_	
		DEFUNIAK SPRINGS, FI	L 32435					
			City/State and Zi	р Со	de		_	
		bev@bevclark.com	. <u> </u>					
			to be used for future	annı	ual report noti	fication)		
For further	information c	oncerning this matter, please ca	all:					
BEVERLY	CLARK		850 at ()	699-0199			
	Name o	f Person	Area Co	de -	Daytim	e Telephone Numb	er	
Enclosed is	a check for th	ne following amount:						
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filir Certified C (additional co	ору		Certific	Filing Fee, cate of Status & ed Copy (al copy is enclosed)	
	ailing Addres				Address: stration Se	ction		
	_	orporations		_	sion of Co			
Р.	O. Box 632	7	Т	he (Centre of T	Fallahassee	010	
T:	allahassee, l	FL 32314	2.	415	N. Monro	e Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

LOVE TO BE WELL LLC

(Name of the Limited Liability Company as it now appears on our records.),

(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on $\frac{01/26/20}{}$	12 and assigned
Florida document number L12000012434	_ _ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
ADVANCED NURSERY GROWERS LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ls, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	wat address
	Emer Piorida Si	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registere	•	Zip Coue

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>	<u>Name</u>	Address	Type of Action
			_ _ Add
			□Remove
			🗆 Add
			□Remove
		<u></u>	□Change
			□Add
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			□Change
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	, 	□Change	

			□ Change

	
ffective	e date, if other than the date of filing: (optional) tive 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 605.020
iote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated	Dec 8, 2003.
	Dec 8, 2003.
	Signature of a member or authorized representative of a member
	Bough Clark Typed or phinted name of signee

Filing Fee: \$25.00