

L12000156321

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(City/State/Zip/Phone #)

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13 JAN 28 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN 30 2013  
EXAMINER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT:

**GROWWEALTH LLC,**  
**GREATWEALTH LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**COLIN CAUGHEY**

Name of Person

**GROWWEALTH**  
**GREATWEALTH LLC**

Firm/Company

**4922 LEONARD AVE. S**

Address

**LEHIGH ACRES, FL 33973**

City/State and Zip Code

**COLIN@CASHRICHPROPERTIES.COM.AU**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ELIZABETH NICHOLS**

Name of Person

at **239 321-9314**

Area Code & Daytime 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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

~~GRANDWEALTH LLC~~ GRANDWEALTH 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 Company were filed on 12-04-2012 and assigned

Florida document number L12000151105  
L12000156521

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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)

4922 LEONARD AVE S

LEHIGH ACRES, FL 33973

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4922 LEONARD AVE S

LEHIGH ACRES, FL 33973

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ELIZABETH L NICHOLS

New Registered Office Address:

4922 LEONARD AVE S

*Enter Florida street address*

LEIGH ACRES

*City*

, Florida 33973

*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.

Elizabeth L Nichols  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID DETTMANN	2285 FIRST ST	<input type="checkbox"/> Add
		FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Remove
MGR	ELIZABETH L NICHOLS	4922 LEONARD AVE S	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33973	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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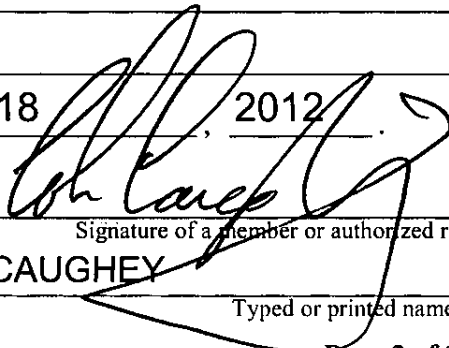
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Dated JANUARY 18, 2012



Signature of a member or authorized representative of a member

COLIN CAUGHEY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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