## 13000004043

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
Grow Gree	en Technologies, LLC		
Subject.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing	
	condence concerning this matter		
	Terry J., DeBriere		
		Name of Person	· · ·
	Grow Green Technologies		
		Firm/Company	<del> </del>
	2432 Ormsby Circle West		
		Address	· · · · · · · · · · · · · · · · · · ·
	Jacksonville, Fl. 32210		
		City/State and Zip Code	<del></del>
	TerryDeBriere@gmail.com		
For further information	concerning this matter, please c	to be used for future annual report no all:	nneanon)
Terry DeBriere		239 938-4280	
Name	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration S Division of Co	
P.O. Box 63	Corporations 27	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grow Green Technologies, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document number L13000004043	were filed on	·	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abb	reviation "L.L	C."
Enter new principal offices address, if applicable:	<del></del> -			
(Principal office address MUST BE A STREET ADDRESS)				
	<u> </u>			
Enter new mailing address, if applicable:				<u>. —</u>
Mailing address MAY BE A POST OFFICE BOX)				<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name	of the new	registe
			ī-7	'.
Name of New Registered Agent:				<u>-</u>
New Registered Office Address:				
	Enter Florida street			
		_, Florida		<u> </u>
	City		Zip Code	#. 
New Registered Agent's Signature, if changing Registered Agent:				ت
hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poeing filed to merely reflect a change in the registered office	performance of my duti provided for in Chapter	es, and I am fa 605, F.S. Or, i	miliar with f this docum	and nent is

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
MGR	Sharon K. DeBriere	2432 Ormsby Circle West	🗀 Add
		Jacksonville, Fl. 32210	≣Remove
			□Change
			□ Add
			Change
			□ Add
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			Change
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