# L13000046063

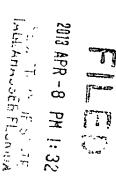
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Q.

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## **COVER LETTER**

TO: Registration Sec Division of Corp		
SUBJECT: K	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Guillerno KARMY Name of Person	
	Name of Person	· ·
	KARMY Grap, LLC Firm/Company	
	Firm/Company	
	2701 SW COLLEGE RD	
	Address	<b>5</b> 29
	City/State and Zip Code  Chendry express fload. Com  E-mail address: (to be used for future annual report notification)	2013 APR
	City/State and Zip Code	7
	E-mail address: (to be used for future annual report notification)	APR -8
For further information co	oncerning this matter, please call:	PH : 32
Guillermo 1	112 701 570	7
Name of	· · · · · · · · · · · · · · · · · · ·	e Number
Enclosed is a check for th		
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

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

KARMY Grows	P, LLC		
(Name of the Limited (A	Liability Company Florida Limited Liab	as it now appears on o oility Company)	ar records.)
The Articles of Organization for this Limited Li Florida document number <u>L130004</u>	ability Company we	71	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREET ADDRESS)			201
	-		70 umans
Enter new mailing address, if applicable:			THAT SEE THE S
(Mailing address MAY BE A POST OFFICE BOX)			mm 3 111
			5 7 5
	-		₹m 2
B. If amending the registered agent and/or the new registered of		e address on our re	cords, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	2701	SOUTHWEST	COULGE RD
New Registered Office Address.		Enter Flo	orida street address
	OCALA		COUCGE RD  orida street address _, Florida
		City	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.

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
م م	PRINCIPAL ADDRESS IS CHANGED TO:			
, –				
_	2701 SOUTHWEST COLLEGE RD SUITE #310			
_	OCALA, FL 34474			
_				
Dated	4P3 April 3, 2013.			
	Signature of a free inber or authorized representative of a member			
	Signature of a full inber or authorized representative of a member			
	Guillermo Karny			
	Typed or printed name of signee			
	Page 3 of 3			
	Filing Fee: \$25.00			

2013 APR -8 PH 1: 32