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COVER LETTER

Registration Section Division of Corporations

SUBJECT: _	Oh For G	oodness Sakes LLC			
		Name of Limit	ed Liability Company		<u>_</u>
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return:	all correspor	ndence concerning this matter to	o the following:		
		Hunter Menning			
			Name of Person		
		Oh For Goodness Sakes LL	C (DBA Grow Goodness I	TC)	
			Firm/Company		
		2753 Running Springs Loop			
			Address		-
		Oviedo, FL 32765			
		info@growgoodness.com	City/State and Zip Code		
		E-mail address: (to	be used for future annual re-	port notification)	
For further in	ıformation c	oncerning this matter, please ca	11:		
Hunter Me	enning		at ()		
	Name of	f Person	Aren Code	Daytime Telepho	ne Number
Enclosed is a	check for th	ne following amount:			
□ \$25.00 P	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 Address:

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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Oh For Goodness Sakes LLC

TALLAHASSEE, FLORIDA

(Name of the Limited Liability Comp. (A Florida Limited	any as it now app Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lish Grow Goodness LLC	oility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	1001 CS 011 0111	records, enter the nat	ne of the new register
Name of New Registered Agent.			
New Registered Office Address:	Enter F	lorida 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as positing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in	of my duties, and I am Chapter 605, F.S. Oi	familiar with and , if this document is
If Chan	oring Registered A	Agent, Signature of New R	cristered Apent

GR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			□Add
			ПСспюче
			Change
			□ Add
			□ R∉move
			Change

			□Remove
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(If un et <u>Note:</u>	tive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant the date inserted in this block does not meet the applicable statutory filing requirements, this date will need a effective date on the Department of State's records.	mnt to 605.0207 tot be listed as	(3)(b) the
f the record ecord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th iled.	iday after the	
Dated	SEPTEMBER ZZ 2024		
	Huter Menning Signature of a member or authorized representative of a member		
	HUNTER MENNING Typed or printed name of signec		
	Typed or printed name of signee		