4500012327

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300302150703

08/07/17--01020--029 **25.00

SCONSIANCE OF SINES

85 th cl L- See URE

C T T L

O BRUCE AUG 08 2017

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Organia 6 Name of Limi	rawing Sulutions ited Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	/	Andrew Bass		
		Name of Person		
	()<	Firm/Company	utions, LLC	
		Firm/Company		
	239	Sw Park	<i>SI</i> .	
		Address		
	Mayo	City/State and Zip Code		
	E-mail address: (t	to be used for future annual report noti	fication) SCC	
For further information c	oncerning this matter, please ca	dl:	A S	
Andr	Ew Bass	at (386) 367. Area Code Daytim	S Tolephone Number 1	
rvaine o	i i dishi	Alea Code Dayum	CRICA 6800 4800	O
Enclosed is a check for the	he following amount:		٠	
\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Organic	Growing _	Solutions, LL	. (
(Name of the Limited (A	Liability Company as it now a Florida Limited Liability Comp	nppears on our records.)	
The Articles of Organization for this Limited Liab Florida document number	127 ing:	·	and assigned
The new name must be distinguishable and contain the word	ls "Limited Liability Company,	"the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicab	le:	89 SW Par	k 5t
(Principal office address MUST BE A STREET)	ADDRESS)	Mayo, Fr 3:	k St. 2066
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2 (X) (X)	89 56 Pc	rk 5t
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here:		enter the name of the new
Name of New Registered Agent:	Andrew	Bass Pack St.	SSECTION TO THE STATE OF THE ST
New Registered Office Address:		er Florida street address	08/2 5
	Mayo	, Floric	3200€
	City	, * 20126	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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
<u>C00</u>	Michael Lamb	Dex 744 Branford, FL 320	
		Branford, FL 320	208 Remove
			Change
			Remove
			Change
			☐ Remove
			Change
			Add Add A
			ALLAH ARY OF CLAIR SSEE, FLORIGA Remove
			☐ Change
			
			□ Remove
			☐ Change

	Mil	Lael	Lamb	needs	to	be	rmoved	_
	From	the	Drsani	i Growing	501-	Hons	uc.	_
			_					
								_
		<u>_</u>						_
_								_
	<u> </u>							_
								_
_			· · · · · · · · · · · · · · · · · · ·					
				<u>-</u>				
_								_
							_	-
							SECI SECI	
							SAHK SAHK SAHK SAHK SAHK SAHK SAHK SAHK	- !]
			_ .				m _c	-{
_		,		<u> </u>				
_								_
fan effect <u>Note:</u> If	date, if other that ive date is listed, the dathe date inserted in the date on	ite must be spe this block do	cific and cannot be press not meet the app	licable statutory fili		0 days afte	ional) er filing.) Pursuant to	
	rd specifies a del Oth day after the			not an effective	time, at	12:01	a.m. on the ea	rlier of:
Dated	7/31/	17						
			Jun	<				
						,		
		Signati	ure of a member or at	athorized representativ	e of a mem	iber		

Page 3 of 3

Filing Fee: \$25.00