

LF5000013098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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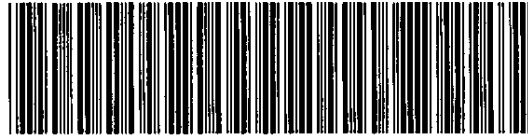
(Business Entity Name)

(Document Number)

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JUL 30 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Growing Meadows 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:

Claudia Gonzalez
Name of Person

Growing Meadows LLC
Firm/Company

5121 Rolling Fairway Dr.
Address

Valrico, FL 33596
City/State and Zip Code

growingproperties121@gmail.com
E-mail address: (to be used for future annual report notification)

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15 JUL 29 PM 4:53
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Claudia Gonzalez
Name of Person

at (321)
Area Code

474-3518
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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Growing Meadows 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:

Claudia Gonzalez
Name of Person

Growing Meadows LLC
Firm/Company

3433 Luthia Pinecrest Rd #165
Address

Valrico FL 33596
City/State and Zip Code

growingproperties121@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Gonzalez at (321) 474-3518
Name of Person 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:

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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**TO
ARTICLES OF ORGANIZATION
OF**

Growing Meadows 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 1/22/2015 and assigned
Florida document number L15000013098.

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 contain 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)

3433 Lithia Pinecrest Rd #165
Valrico FL 33596

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3433 Lithia Pinecrest Rd #165
Valrico FL 33596

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:

New Registered Office Address:

New Address

3433 Lithia Pinecrest Rd #165

Enter Florida street address

Valrico

City

Florida

33596

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

ONLY
Address

change of
address for
members
↓

FILED
JUN 29 2011
FBI - NEW YORK

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 26th, 2015



Signature of a member or authorized representative of a member

Claudia Gonzalez

Typed or printed name of signee

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JUL 29 PM 1:55