

L15000114743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

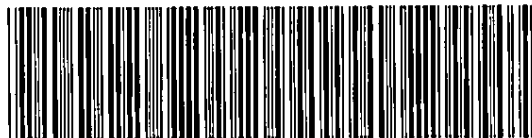
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>Agronomy Holdings, LLC</u>	FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☒ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 8/28/21 TIME _____

Notes: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AGRONOMY HOLDINGS, 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 07/13/2015 and assigned
Florida document number L15000116743.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

415 N. Dearborn St., 4th Floor

Chicago, Illinois 60654

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

415 N. Dearborn St., 4th Floor

Chicago, Illinois 60654

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:

Universal Registered Agents, Inc.

New Registered Office Address:

1317 California Street

Enter Florida street address

Tallahassee

Florida 32304

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 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alternative Medical Enterprises, LLC	1451 Global Ct	<input type="checkbox"/> Add
		Sarasota, FL 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	George Archos	415 N. Dearborn St.	<input checked="" type="checkbox"/> Add
		4th Floor	<input type="checkbox"/> Remove
		Chicago, Illinois 60654	<input type="checkbox"/> Change
MGR	R. Michael Smullen	415 N. Dearborn St.	<input checked="" type="checkbox"/> Add
		4th Floor	<input type="checkbox"/> Remove
		Chicago, Illinois 60654	<input type="checkbox"/> Change
MGR	Darren Weiss	415 N. Dearborn St.	<input checked="" type="checkbox"/> Add
		4th Floor	<input type="checkbox"/> Remove
		Chicago, Illinois 60654	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 SEP 28 AM 10:33
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

SEP 28 2021

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
ITALIAN CONSUL
CC 00 11/ 02 170 170

SECRET
TALLAHASSEE, FLA

100

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 September 27, 2021



Signature of a man

Signature of a member or authorized representative of a member

George Archos, Manager of I.L.C. sole Member

Typed or printed name of signee

Filing Fee: \$25.00