

L15000174536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

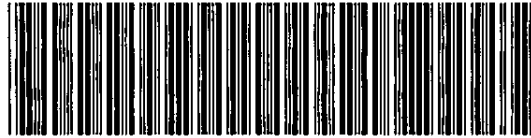
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTION PER CONVERSATION  
WITH CAROLINA PADILLA  
21/21/2015 KS

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600278952206

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2015 DEC 21 PM 3:05  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

11/16/15--01010--020 \*\*25.00

K. SALY  
EXAMINER  
DEC 21 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 DEC 11 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 18, 2015

CAROLINA PADILLA  
GROW WELL, LLC  
971 TULIP CIR.  
WESTON, FL 33327

SUBJECT: GROW WELL, LLC  
Ref. Number: L15000174536

We have received your document for GROW WELL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P14000070663 "KAROLA, INC.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 215A00024389

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GROW WELL, 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:

CAROLINA PADILLA

\_\_\_\_\_  
Name of Person

GROW WELL, LLC

\_\_\_\_\_  
Firm/Company

971 TULIP CIR

\_\_\_\_\_  
Address

WESTON, FL

\_\_\_\_\_  
City/State and Zip Code

KAROLINA.PADILLA@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA PADILLA

786

393-3379

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:**

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**

GROW WELL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2015 DEC 21 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 8, 2015 and assigned  
Florida document number L15000174536.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GROW VIVO, LLC

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

*Enter Florida 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 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>
MGR	CAROLINA PADILLA	971 TULIP CIR	<input type="checkbox"/> Add
		WESTON, FL	<input type="checkbox"/> Remove
		33327	<input checked="" type="checkbox"/> Change
AMBR	MANUEL ORTA	971 TULIP CIR	<input type="checkbox"/> Add
		WESTON, FL	<input type="checkbox"/> Remove
		33327	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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.

Dated DECEMBER 3, 2015

**CAROLINA PADILLA**

**Filing Fee: \$25.00**