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(Requestor's Name)					
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COVER LETTER

Registration Section
Division of Corporations

TO:

SHR HCT.	GROVIN	S FARMS LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	JUSTIN J. KLATSKY					
	Name of Person					
VALRICO LAW GROUP, PLI.C						
Firm/Company						
3626 ERINDALE DRIVE						
Address						
	VALRICO, FL 33596					
	insti	City/State and Zip Code n.klatsky@valricolawgrou	a crum			
	· ·	to be used for future annual re				
For further information co	oncerning this matter, please c	all:				
JUSTIN J. I	KLATSKY	813	661 - 5180			
Name of	Person	Area Code	Daytime Telephone Number			
Enclosed is a check for th	~		-			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &			
Mailing Address:		Street Ad				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303



April 28, 2020

JUSTIN J. KLATSKY VALRICO LAW GROUP, PLLC 3626 ERINDALE DRIVE VALRICO, FL 33596

SUBJECT: GROVIN FARMS LLC Ref. Number: L15000192130

We have received your document for GROVIN FARMS 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):

You failed to check what action to take with the manager/members listed.

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) 245-6050.

Letter Number: 820A00008764

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

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

TC)		<u>,-</u>
ARTICLES OF O	RGANIZATI	ON	100 / / / / / / / / / / / / / / / / / /
OI			
OI	.'	•	
GROVIN FA	ARMS LLC		P/j
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears o	n our records.)	
(A Florida Limited Li	ability Company)		., 0
		11/12/2015	, . ,
The Articles of Organization for this Limited Liability Company v	were filed on		and assigned
Florida document numberL15000192130			
This amendment is submitted to amend the following:			
_			
A. If amending name, enter the new name of the limited liabil	lity company here	•	
·			
		: w.t.cm . 1	11
The new name must be distinguishable and contain the words "Limited Liabili	ty Company, the desi	gnation "LLC or the a	boreviation L.L.C.
Enter your principal offices address, if applicables			
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
		<u></u> .	
Enter new mailing address, if applicable:			
(Mailion allows MAV DE A BOST OFFICE BOV)			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or registered office a	ddress on our rec	ords, enter the nar	ne of the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
		Clarida	

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 t 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adorer removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICHARD KANE	511 E. BLOOMINGDALE AVENUE	□Add
		BRANDON, FL 33511	■Remove
			□Change
MGR	BRYCE ELLIOTT	2471 NE COUNTY ROAD 219A	≣ Add
		MELROSE, FL 32666	□Remove
			[]Change
MGR	CHASE ELLIOTT	530 TURKEY CREEK	
		ALACHUA. FL 32615	□Remove
			□Change
MGR	KYE ELLIOTT	2471 NE COUNTY ROAD 219A	≣ Add
		MELROSE, FL 32666	□ Remove
			□Change
			□Add
			□Remove
			Change
		_	□Add
			□Remove
			□Change

CHERYL B. KANE
Typed or printed name of signee

Signature of a member or authorized representative of a member