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J. HARRIE

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: READY SET GROW 1, 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:
Michael S. Hagen Name of Person
Hagen Law Fiern Firm/Company
5290 Summerlin Commons Way, Switce 1003
City/State and Zip Code  Info Dnike hagen. Con  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Judy Akowl at (239) 275-0808  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sign Sign Sign Sign Sign Sign Sign Sign

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 Tallahassec, Fl. 32301



May 15, 2018

MICHEAL S HAGEN HAGEN LAW FIRM 5290 SUMMERLIN COMMONS WAY, SUITE 1003 FORT MYERS, FL 33907

SUBJECT: READY SET GROW I, LLC

Ref. Number: L15000201764

We have received your document for READY SET GROW I, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00010115

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2018 MAY 29 AM 10: 14 SCPARTMENT OF ST DIVISION OF CORPOSED TALLAHASSEE, PL 25 E 6: E

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1 GROW 1, LI	<u>-</u>		_	
( <u>Name of the Limite</u>	d Liability Company as it now appe A Florida Limited Liability Company	<u>ars on our records.</u> ) )			
The Articles of Organization for this Limited List Florida document number <u>L150002</u>	ability Company were filed on _ <u>の17し</u> 十	12/02/2015	<u>=</u> and	d assigr	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, <u>enter the new name of</u>	the limited liability company l	nere:			
The state of the s	The manual of the same of the				
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or the ab	breviatio	n "L.L.C	
Enter new principal offices address, if applica	able:		<u> </u>	Car Car	
(Principal office address MUST BE A STREET ADDRESS)			5-15	<u> </u>	1,
			- <u>-                                  </u>	per CO	24-3
Enter new mailing address, if applicable:				_#; 5	
Mailing address MAY BE A POST OFFICE I	3 <i>0X</i> )		* 5' . 3' '3	<u>.</u>	•
			3-1	Ś	
3. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	Michael S. 5290 Summer	Hagen Lin Commo	ากร	Way	
	FOTHYERS	, Florida	339	07	
Number is a second a second control of the s	City		Zip C	ode	
New Registered Agent's Signature, if changing R	egistered 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = . Manager

AMBR ≈	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)	
Change of Negister Agent Ad	dress.	,
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Effective date, if other than the date of filing: 5-22-2018 (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	al) ing.) Pursuant to 605 ate will not be list	5.0207 (3 ed as th
document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.) The 90th day after the record is filed.	n. on the earli	er of:
Dated 5-22 2018 / Melad Hope authorized is	es lath	V L
Signature of a member or authorized representative of a member  MICHAEL HAGE  Typed or printed name of signee	A A A A A A A A A A A A A A A A A A A	
Types of printed mane of signee		1 1 1 1 1
Page 3 of 3	6: 12 .::::::::::::::::::::::::::::::::::::	<del></del> ,
Filing Fee: \$25.00	≥ <i>\times</i>	