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2024 JFR -3 AH 9: 47 SECTION DECORPORATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	
	OLKS ST PETE LLC	
SUBJECT:	Name of Lin	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Jeffrey Copeland	
		Name of Person
	GROWN FOLKS ST PET	E LLC
	Firm Company	
	903 22nd St S	
		Address
	Saint Petersburg, FL 3371	2
		City/State and Zip Code
	catalystonthedeuces@gmai	l.com
	E-mail address:	City/State and Zip Code 1.com to be used for future annual report notification) all:
For further information e	oncerning this matter, please o	·
Jeff Copeland		813 310.4641 (ディー・ディー・ログ Vo
Name o	t Person	at () 310.4641
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 632		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROWN FOLKS ST PETE LLC

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000037045</u> .	were filed on <u>2-24-2016</u>	and assigned
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) 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:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e 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:	903 22nd St S	
	Saint Petersburg, FL 33712	
		2024 J
	address on our records, <u>enter the n</u>	1 de 1
Name of New Registered Agent:		S 25 EM 9:
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zio 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 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>	Address	Type of Action
MGR	Jason Bryant	903 22nd St S	
		Saint Petersburg, FL 33712	□Remove
			Change
			⊔Remove
			GC Gange
			Remove
			S S S S S S S S S S S S S S S S S S S
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an effective date is listed.	, the date must be specific ar	nd cannot be prior to	date of filing or more t	han 90 days after filing	.) Pursuan	t t e.c 05.0.
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d is filed.						
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Filing Fee: \$25.00