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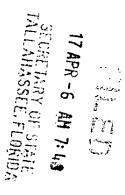
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COVER LETTER

Division of	n section Corporations
Repleni SUBJECT:	ish and Grow, LLC
30 11	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Thomas Clark Durant
	Name of Person
	Replenish and Grow, LLC
	Firm/Company
	2131 NW 7th Lane
	Address
	Gainesville, FL 32603
	City/State and Zip Code
	tcdurant@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Thomas Clark Duran	at ()
Nar	me of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
□ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) \$ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

1

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

any as it now appears on our records Liability Company)	P)		
y were filed on April 14, 2016	and assigned		
bility company here:			
ulting, LLC			
ility Company," the designation "LLC"	or the abbreviation "L.L.C."		
2131 NW 7th Lane			
Gainesville, FL 32603	· ·		
	AR 10		
2131 NW 7th Lanc	NASA NASA		
Gainesville, FL 32603			
	T		
	0K1		
office address on our records re:	, enter the name of the ne		
Enter Florida street orldres	5		
, P &	orida Zip Code		
	2131 NW 7th Lane Gainesville, FL 32603 2131 NW 7th Lane Gainesville, FL 32603 Enter Florida street address, Florida street a		

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 Type of Action Name **Title Address** □ Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change _ Add ☐ Remove _□ Change DbA 🗖 ☐ Remove Change ☐ Add □ Remove □ Change _CJ Add ☐ Remove ☐ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00