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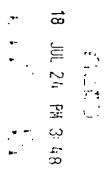
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S. PRATHER

## COVER LETTER.

TO;

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	porations		
SUBJECT:		CK SERVICES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	vall correspon	ndence concerning this matter	to the following:	
		VILMAR A RIBEIRO		
			Name of Person	
		GROWER TO GROWER	S LLC	
			Firm/Company	<del></del>
		6900 DANIELS PARKW.	AY #29	
			Address	
	FORT MYERS, FL 33912			
			City/State and Zip Code	
		vilmar.alvesribeiro@gmail.	com to be used for future annual report notif	Tention )
For further is	nformation ec	oncerning this matter, please ca		
VILMAR A	RIBEIRO		239 333-9123	
	Name of	Person	at () Area Code Daytime	· Telephone Number
Enclosed is a	i check for th	e following amount:		
■ \$25.00 F	iling 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)
	Registra	NG ADDRESS; ation Section to of Corporations to 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	າາ

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COPY MACK SERVICES LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)	" »'. <del>o</del>
The Articles of Organization for this Limited Liability Company	were filed on 01/11/2017	ind assigned
lorida document number L17000009111		[24]
his amendment is submitted to amend the following:		TD
A. If amending name, enter the new name of the limited liab	ility company here:	မှု ကူ ယူ
GROWER TO GROWERS LLC		~ œ
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	6900 DANIELS PARKWAY #26	·
Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33912	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address here</li> </ol>		enter the name of the
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Emer Florida street address	
<del></del>	, Florio	da 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00