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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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COVER LETTER

Division of Corp	orations		
Growth Lo	gistics LLC		
SUBJECT:	<u> </u>		
	Name of Lim	ited 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:	
	Kathleen Bailey		
		Name of Person	-
	Growth Logistics LLC		
		Firm/Company	
	578 Washington Blvd, Su	• •	
		Address	
	Marina del Rey, CA 9029	2	
	kh@growthlogisticsltd.com	City/State and Zip Code n	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Kathleen Bailey		310 299-6601	
		at ()	Telephone Number
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	c following amount:		
■ \$25.00 Filing 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)

MAILING ADDRESS:

• . • . • .

TO:

Registration Section

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

Jability Company as it now appears on our records Florida Limited Liability Company)	<u>r)</u>
lity Company were filed on	and assigned
ng:	
e limited liability company here:	
s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
e:	
ADDRESS)	
<u></u>	SECRETE TO SECRETE
registered office address on our records e address here:	enterothe name of the
	3: 45
Enter Florida street address	·
, Flo	orida Zip Code
	Ity Company were filed on

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>Tille</u> Co OSibent	Daniel Wurzbacher	475 Washington Blvd Marina del Rey, CA 90292	
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	pecifies a dela day after the			not an effecti	ive time, at 1	.2:01 a.m. on	the earlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00