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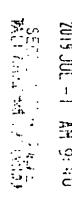
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JUL 12 2019

COVER LETTER

Division of Corporations
SUBJECT: Romani Grouf, LC Name of Limited Liability Company
Name of Salined Dabinsy Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nakesha Miller Name of Person
Romani Group, LLC Firm/Company
P.O. Box 391043 Address
Deltona, FL 32739 City/State and Zip Code
Kesha miller 96 e 4ahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 538-8235 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$Certified Copy & \$\Bigcup \$Certifie
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Grow, LLC

(A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on _	March 29,2	OI_7_ and assign
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	e designation "LLC" or t	he 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:			
(Mailing address MAY BE A POST OFFICE BOX)			Tri E
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address (on our records, <u>en</u>	3.
Name of New Registered Agent: Name of New Registered Agent:	Kesha	Miller	0.10
New Registered Office Address:	Enter Fi	lorida street address	·
		, Florida	
Now Projectored Agently Cignotine of themeine Designal Agent	City		Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi 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 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, enter the title, name, and address of each person bein or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
Title	Name	<u>Address</u>	Type of Ac
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:	iling.) Pursua	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	.m. on the	e earlier
Dated	June 28, 2019.		
	Signature of a member or authorized representative of a member		- · · · -
	Na Kesha Miller Typed or printed name of signee		

Page 3 of 3

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Filing Fee: \$25.00