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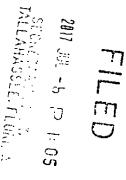
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp					
SWC Orland	to Botanicals LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are subsidence concerning this matter				
	Terese Cerna Driscoll				
Name of Person					
	Surterra Holdings				
	,	-			
		-			
	Atlanta, GA 30361			2911 SETC	
City/State and Zip Code tcemadriscoll@surterraholdings.com					1
		to be used for future annual report notif	ication)	- 6	
For further information co	oncerning this matter, please c	all:		ס וֹלָק	<u> </u>
Terese Cema Driscoll		404 920-4890, ex	t. 505	1: 0	U
Name of	Person	Area Code Daytime	Telephone Numbe		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

MAILING ADDRESS: 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

SWC Orlando Botanicals LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000080443	were filed on <u>04/10/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
SWC Orlando S. Orange Ave. Botanicals LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1743 S. Orange Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32806	70 20 117 117 117 117 117 117 117 117 117 11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 Colony Square, 10th FL 1175 Peachtree Street NE Atlanta, GA 30361	TILL - B D D
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	хір Соав

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

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_ 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>	Name	Address	Type of Action
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Effective date.	if other than th	e date of filin	្រ.			(ontional)		
(If an effective date	, if other than the e is listed, the date mu te inserted in this b	st be specific and	d cannot be price	or to date of filing	g or more than 90	days after filing	g.) Pursuant will not b	to 605.020	07 (3
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	ecifies a delaye ay after the red			ot an effect	ive time, at	12:01 a.m.	on the	earlier (of:
	·								
Dated July 3			, 2017	·					
		T	ME						
	 	Signature of a	member of aut	horized represen	tative of a memb	ur		_	
			J.						
		Ro	obert J. Ber	gmann ted name of sign	· · · · · · · · · · · · · · · · · · ·	·····			

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Filing Fee: \$25.00