117000106597

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	stration Sec sion of Corp			
SUBJECT:	SWC North	Port Tamiami Botanicals, LL	С	
sobster.		Name of Lim	ited Liability Company	<u> </u>
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Terese Cerna Driscoll		
			Name of Person	
		Surterra Holdings Inc.		
			Firm/Company	
		3340 Peachtree Road, NE,	Ste. 1010	
		-	Address	
		Atlanta, GA 30326		
			City/State and Zip Code	
		teernadriscoll@surterrahold E-mail address: (1	ings.com to be used for future annual rep	ort notification)
For further in	formation co	ncerning this matter, please co	all:	
Terese Cerna	Driscoll		404 920 4	890, ext. 505
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose

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 North Port Tamiami Botanicals, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 15, 2017 and assigned Florida document number <u>L17000106597</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LCC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __ City

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>	Address	Type of Action
MGR	Surterra Holdings, LLC	1639 Village Square Blvd	🗀 Add
		Tallahassee FL 32309	■ Remove
		<u> </u>	Change
MGR	Surterra Florida, LLC	WeWork c/o Surterra Florida	≘ Add
		1175 Peachtree St. NE, Atlanta, G7	Remove
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If the date inserted in this block	does not meet the applie	cable statutory filing re	quirements, this date	will not be listed as
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Filing Fee: \$25.00