| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Äddress) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer. | | | | |
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Office Use Only



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COVER LETTER

| SUBJECT: | SWC Pensa | cola Botanicals LLC | | |
|-----------------------|---|---|---|--|
| sobject. | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Terese Cerna Driscoll | | |
| | | | Name of Person | |
| | | Surterra Holdings, Inc. | | |
| | | | Firm/Company | _ |
| | | 1175 Peachtree Street NE | | |
| | | | Address | |
| | | Atlanta, GA 30361 | | |
| | City/State and Zip Code teernadriscoll@surterraholdings.com | | | |
| | | | to be used for future annual report notif | ication) |
| For further in | iformation co | oncerning this matter, please co | all: | |
| Terese Cerna Driscoll | | 404 920-4890, ex | | |
| | Name o | Person | Area Code Daytime | : Telephone Number |
| Enclosed is a | 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) |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

FILED
2017 NOV 14 AM 9:45

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

SWC Pensacola 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 30, 2017 | and assigned |
|--|---|--|
| Florida document number L17000118653 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5046 Bayou Boulevard | |
| (Principal office address MUST BE A STREET ADDRESS) | Pensacola, Florida 32503 | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| Intuiting dutiess MAT BE AT 031 OF FREE WORD | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: | | ds, enter the name of the new |
| | | |
| New Registered Office Address: Enter Florida street address | | ess |
| | , [| Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, provided for in Chapter 605 | and I am familiar with and 5, F.S. Or, if this document is |
| If Cha | nging Registered Agent, Signatur | e 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: FILED MGR = Manager 2017 NOV 14 AM 9: 45 Type of Action AMBR = Authorized Member SECRETARY OF STATE
TALLAHASSEE. FLORIDA ___ | Add <u>Address</u> Name **Title** _____ Remove __ Change □ Add ☐ Remove Change □ Add _____ Remove □ Remove ____ 🗆 Remove ____ Change \square Add ☐ Remove _□ Change

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| | 2017 NOV 14 AM 9: 45 |
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| ctive date, if other than the date of filing: | |
| te: If the date inserted in this block does not me | cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) eet the applicable statutory filing requirements, this date will not be listed as the |
| rument's effective date on the Department of Sta | ate's records. |
| record specifies a delayed offestive da | ate, but not an effective time, at 12:01 a.m. on the earlier of: |
| he 90th day after the record is filed. | ste, but not an effective time, at 12.01 a.m. on the earner of. |
| | |
| November 13 | 2017 |
| Terre Cerra Ora | |
| Signature of a me | ember or authorized representative of a member |
| | |
| Terese Cerna Driscoll | Typed or printed name of signee |
| • | Attended to the contract and another |

Page 3 of 3

Filing Fee: \$25.00