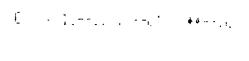
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(Dan	uestor's Name)	
(кеч	uestors Name)	
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Office Use Only



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T. CLINE
SEP 10 2018
EXAMINER

COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		44th Ave, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		John Clayton Brett		
		1201 NW 44th Ave, LLC	Name of Person	
		333 Clay Street, Suite 2	Firm/Company 800	
		Houston, TX 77002	Address	
		j.clayton.brett@gmail.con		
For furth	ner information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notif all:	ication) (
John C	layton Brett		937 260-2034	
	Name o	f Person		Telephone Number
Enclosed	d is a check for th	ne 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)
		ING ADDRESS: ation Section	STREET/COURI Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1201 NW 44th Ave, LLC		
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	-
The Articles of Organization for this Limited Liability Florida document number L17000120204	Company were filed on June 1, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Hogtown Growth Equities, LLC		P.3
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	he abbreviation L.L.C."
Enter new principal offices address, if applicable:		<u>ତ</u> ୍ର ଅ.
(Principal office address MUST BE A STREET ADI	(PESS)	
Trincipal trifice address 50031 BE A STREET ADE		377
		•
Enter new mailing address, if applicable:		رن د
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	•	iter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	
 -	City	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
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			☐ Remove
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			□ Remove
			Change
			□ Add
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			Change
			Remove
			Change
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	<i>C.</i>
Septembe	er 1, 2018
ffective date, if other than the date of filing:	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>Sote:</u> If the date inserted in this block does not meet the application.	cable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records	
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
August 29 28 (°	_/:
\mathcal{M}	
	norized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00