L17000224181

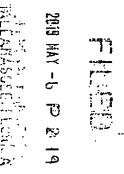
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	-

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COVER LETTER

Division of Cor	porations		
	Growth Partners, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Travis Tomko		
	-	Name of Person	
	Purgreens Growth Partners	,LLC	
		Firm/Company	
	55 NE 2ND Avenue		
		Address	
	Delray Beach, FL 33444		
	· 	City/State and Zip Code	
	travis.4@purgreens.com		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	ll:	
Travis Tomko		at () 852-9200 Area Code Daytime	
Name o	d Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)

MAILING ADDRESS:

Registration Section

TO:

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

Purgreens Growth Partners, 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 and assigned Florida document number L17000224181
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 "LLC."
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 na registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address:
Florida 173
Cin: Zip Code's 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 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
VP	Danielle Monroy	55 NE 2ND AVE	Add
		Delray Beach, FL 33444	
			■ Remove
			Change
SEC	Torren Szuluk	55 NE 2ND AVE	
		Delray Beach, FL 33444	
			■ Remove
			Change
			□ Add
			Remove
			Change
			Add
			☐ Remove
			
			∩ Add
			Remove
			Add
			☐ Remove
			□ Chance

	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
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record specifies a delayed The 90th day after the reco	d effective date, but not an effective time, at $12:01\ a.m.$ on the earlied ord is filed.	er
ted	. 2019	
	Signature of a member or authorized representative of a member	
Travis Tomko		
Trasta Tomay	Typed or printed name of signee	