

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	From:	Account Name	· CEZMAN &	CUZMAN P	1
		Account Numbe			
		Phone	; (305)670-	-1991	
		Fax Number	: (305)670	-1993 '	
**Enter	the email a	address for th	is business e	ntity to be	used for futu
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Electronic Filing Menu

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Corporate Filing Menu



7/27/2018

			Fax. (850) 617-8383	Page 3 of 5 07/27/2018 3.37 PM
		ARTICLES (	OF AMENDMEN	Τ
			ТО	••
		ARTICLES O	F ORGANIZATI	ON
			OF	
	GROWHAND LLC			
	( <u>Na n</u>	te of the Limited Liability Co (A Florida Lim	<u>итря ny avit now appears o</u> lited Liability Company)	n gur records.)
The Articl	les of Organization for th	is Limited Liability Comp	bany were filed on 04/19	0/2018 and assigned
Florida do	ocument number_E180000	99185		
This amer	idment is submitted to an	nend the following:		
. 10	11			
A. If amo	ending name, <u>enter the i</u>	new name of the limited	naouny company here	(i
	· · · · · · · · · · · · · · · · · · ·			
The new ner	me must he distinguishable an	d contain the words "Limited I	Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
	me must he distinguishable an v principal offices addre		Lability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter nev	v principal offices addre	ess, if applicable:		gnation "LLC" or the abbreviation "L.L.C."
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Enter nev	v principal offices addre	ess, if applicable:		gnation "LLC" or the abbreviation "L.L.C."
Enter nev <u>(Principa</u> )	v principal offices addre	ess, if applicable: <u>E A STREET ADDRESS</u>		
Enter nev <u>(Principal</u> Enter nev	v principal offices addro <u>l office address MUST B</u> v mailing address, if app	ess, if applicable: <u>E A STREET ADDRESS</u> plicable:	<u>.</u>	
Enter nev <u>(Principal</u> Enter nev	w principal offices addro <u>Loffice address MUST B</u>	ess, if applicable: <u>E A STREET ADDRESS</u> plicable:	<u>.</u>	
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Enter nev (Principal) Enter nev (Mailing of B. If an	w principal offices addre <u>t office address MUST B</u> w mailing address, if app <u>address MAY BE A POS</u> nending the registered	ess, if applicable: <u>E A STREET ADDRESS</u> plicable: <u>T OFFICE BOX</u> )	d office address on o	

		:		
Name of New Registered Agent:			· • • ·	
			<u>n</u>	
New Registered Office Address:			<u></u>	•
	Enter Florido street address	4.	1	1
	, Florid	 1a <u></u>	<u>-</u> c	•
	City	- <del>-</del>	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

## From: Paola Sanchez Fax: (305) 670-1991

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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

Title	<u>Name</u>	Address	Type of Action
MGR	CAROLINA MANO	9130 S DADELAND BVLD	🗃 Add
		SUITE 1509	
		MIAMI FL, 33156	
MGR	SERELA LLC	9130 S DADELAND BVLD	
		SUITE 1509	
		MIAMIFL, 33156	
			 Add
			🖸 Add
		·	Remove
		<u></u>	Change
			C) Add
			CRemove
			Change
<u>_</u>			Q Add
			Remove
			Change

D. If	amending any other info	rmation, enter chan	ge(s) here: (Attach additional	sheets, if necessary)	
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 27	2018	
X The		201
SERELA LLC	f Signature of a member or nothorized representative of a member	
<u></u>	Typed or printed name of signee	
	Phye 3 of 3	