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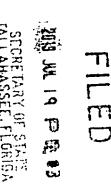
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section Division of Corp		,	
SUBJECT: Jacob	Name of Limit	Grow LLC ited Liability Company	
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:	
	Jensamin Jaa	Name of Person	
		Firm/Company	
	143 Isle verde (Address	
	Raim Beach (Gardens, FL 33<1 W City/State and Zip Code	
		to be used for future annual report notification	ation)
For further information co	ncerning this matter, please ca	all:	
Benjamin J Name of	Notes Notes	at (<u>56)</u> <u>635 - 100</u> Area Code Daytime T	clephone Number
Enclosed is a check for the	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 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

- acepson chit mans a	ran 22	7133	HA 19 F- 18 83
(<u>Name of the Limited Lin</u> (A Flo	<u>ıbllity Company aş i</u> ərida Limited Liabilit	t now appears on our Ye t v Company)	<u>:ords.</u>)
(5128	BRILLIADRY OF STRATE
The Articles of Organization for this Limited Liability	y Company were	filed on	A SSEE, FLORIDA and assigned
Florida document number <u>4\8600</u>			
Florida document number Lt 30000 497215	<u>, </u>	1	
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the l	limited liability c	ompany here:	
The new name must be distinguishable and contain the words	Limited Liability Co.	mpany," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>	
(Principal office address MUST BE A STREET AD	ODRESS)	<u>-</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
Tribung tum ess man be a root of roce boar			
B. If amending the registered agent and/or re	egistered office :	address on our reco	ords, enter the name of the nev
registered agent and/or the new registered office a		address on our reco	nos ence the name of the nev
Name of Name Deviatored Accord			
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street ad	dress
			, Florida
	2	ity	, Florida Zıp Code
New Registered Agent's Signature, if changing Register	tered Agent:		
I hereby accept the appointment as registered age	ent and agree to	act in this capacity	I further agree to comply with the
provisions of all statutes relative to the proper an			
accept the obligations of my position as registered	d agent as provid	led for in Chapter 60	05, F.S. Or, if this document is
being filed to merely reflect a change in the regist		ess, I hereby confirm	that the limited liability
company has been notified in writing of this change	ige.	//	

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action
MGR	Zachary Jacobson	145an Marita way	Add
		286 fl 2248	D-Remove
			□ Change
			Add
			□ Remove
			Change
			
			Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the due must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.020 [Octomers's effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.]		
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Page 3 of 3

Filing Fee: \$25.00