118000258882

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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Name Change

DEC 11 2019

D CUSHING

COVER LETTER

·	tion Section of Corporation	s	•	-		
SUBJECT:	Enigma	Cloud Ar	inited Liability Company			
The enclosed Artic	cles of Amendm	ent and fee(s) are st	ibmitted for filing.			
Please return all co	orrespondence c	oncerning this matte	er to the following:			
		Cheryl (Cr (n ov s)	<u> </u>		
			Firm-Company			
		5178 W. P	embrolice Rul Address			
		it will and al	e Brk FL 33009 City/State and Zip Code			
		17 9 1 anu 1	U b cl/s et (to be used for future annual report noti:	dication)	45.	.•
For further informa	ation concerning	g this matter, please		,	;	- - -
<u>Cheryl</u>	Crimovs) Name of Person	<u> </u>	at ($\frac{\sqrt{5}}{\text{Area Code}}$) $\frac{\sqrt{5}}{\sqrt{5}}$ Daytime	E Telephone Number	10 %	SIME JO
Enclosed is a check	k for the followi	ng amount:				.5
D \$25,00 Filing (0.00 Filing Fee & ertificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is end		

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

Enigma Cloud Art, 1	ui		
(Name of the Limited Liabili (A Florida	ty Company as it now appear i Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C		11/2/5018	and assigned
Florida document number L/8000258382	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability company he	<u>re</u> :	
Life Growth Products, LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	rsignation "LLC" or the abbr	eviation "L.IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		ب
			<u> </u>
			• •
Enter new mailing address, if applicable:) , <u>[</u>
(Mailing address MAY BE A POST OFFICE BOX)		· 	· · · · · · · · · · · · · · · · · · ·
			- 57
B. If amending the registered agent and/or regis	tered office address on	our records, enter tl	ie name of the new
registered agent and/or the new registered office add	ress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		. Florida	
	City	, Florida	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, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
		 	Add
			Remove
			Change
			☐ Remove
			Change

Note:	tive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	11/5/2019 Chery Pranousky Agnature of a member or guthorized representative of a member (hery Cranousky
	Regnature of a member or guthorized representative of a member
	Cheryl Granovsky Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00