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(Requestor's Name)	
(Address)	300377911
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	12/22/210100800
(Document Number)	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G SPOT PRODUCTIONS LLC			Lucition and belief
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on our records Liability Company))
The Articles of Organization for this Limited L	iability Company	were filed on 11/09/2018	and assigned
Florida document number L18000262888	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	oility company here:	
GROW Consulting LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designation "LLC"	or the abbreviation "L.L.C,"
Enter new principal offices address, if appli	cable:	1331 Brickell Bay Dr.	
(Principal office address MUST BE A STRE)	ET ADDRESS)	APT 2108	
		MIAMI, Florida 33131 UN	
Enter new mailing address, if applicable:		1331 Brickell Bay Dr,	
(Mailing address MAY BE A POST OFFICE BOX)		Apto 2108	
		Miami, Florida 33131 US	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	N/A	. <u>.</u> .	
New Registered Office Address:	N/A		
		Enter Florida street address	
	N/A	, Flo	rida ^{N/A}
	•	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.

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If Changing R	Anictored	Saant	Nignoture.	ALCOUNT NO.	gutered Agent
TI CHAREINE N	CRISICI CU	arciit.	SIZHALUIC	ULITEN INC	EISTELEN VEREUT

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
N/A	N/A	N/A	🗀 Add
		N/A	
		N/A	
			□Remove
			Change
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N/A				
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ective date, if other than the d	ate of filing:		(optional	
neffective date is listed, the date must be tel. If the date inserted in this bloc				
ument's effective date on the Dep			•	
cord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
s filed.				
DECEMBER 15	2021			
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100				
5	ignature of a member or aut	horized representative o	if a member	
EITAN SHOVAL	ignature of a member or aut	horized representative of	if a member	