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FALLAHASSEE, FLORINA

COVER LETTER

TO: Registration Se Division of Cor			
Division of Cor	porations		
SUBJECT: The	e Howen Grown	CUS II.C.	
SUBJECT: TOO		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vasia V	McGee Name of Person	
	וופחיני ו	Name of Person	
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	The Ha	ver Group US	LLC
		Firm/Company	
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	2407 Cy	press Gordons B	100
	'	Address	
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For further information c	concerning this matter, please co	aff;	
Voice	A-06.	GC 2 CC 0	2750
Name o	Mcbec f Person	at (<u>&63</u>) <u>559-9</u> Area Code Daytime To	elephone Number
	•		
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
_	Certificate of Status	Certified Copy	Certificate of Status &
	•	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	* i		
Mailing Addres	·	Street Address:	
Registration :		Registration Section	on
Division of C		Division of Corpo	
P.O. Box 632	7	The Centre of Tall	ahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compar (Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1,8000,371365. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	were filed on 1/121/2018 and assigned SI CHILLAND AND AND AND AND AND AND AND AND AND
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2407 Cypres Gordens Blod Winter Howen, FL 33884
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2407 Cypress Gordons Blud Winter Howen, FL 33884
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Megan New Registered Office Address: 2407	mc Gee Cypress Gurdens Block Enter Florida street address
Winter	Hoven, Florida 33884

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ampr	Meyan Mcbee	2407 Gyrss Gordens Bly Winter Howen, FL 33880	Z[∧dd
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			Change
AMBR	Paul Cretcher		🗀 Add
		7 Coicket In Winker Haven, FL 3388	Remove
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.05 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.	n effective o ote: If the	date is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.)	Pursuant to 605.020 vill not be listed a
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Filing Fee: \$25.00