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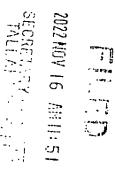
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	•3	•
FLORIDA	SHRUB GROWERS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GARRETT DENNY		
		Name of Person	" "
		Firm Company	
	РО ВОХ 3		
		Address	
	SEVILLE, FL 32190		2022 SEC 174
		City/State and Zip Code	TON NO.
	FLORIDASHRUBS@GM/	AIL.COM To be used for future annual report not	fication) $\frac{1}{2}$ $\frac{1}{2}$
For further information e	concerning this matter, please c	-	SECRETA VICE AH II: 51
GARRETT DENNY		386 785-4570	
Name o	of Person	at () Area Code Daytin	te Telephone Number
Enclosed is a check for the	6 - C-11		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	(T) \$55.00 Eiling For &	(1, \$40,00 Eiling Eng
= 325.00 Fining 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		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	
FLORIDA SHRUB GROWERS, LLC		
(Name of the Limited Li	ability Company	as it now appears on our records,)
(A.F.	lorida Limited Lial	bility Company)
		01/04/2010

(A Florida Limited I	Liability Company)	,
The Articles of Organization for this Limited Lia Florida document number L19000009270	ability Company	were filed on $\frac{01/04/2019}{}$	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: ATTN: GARRETT DENNY		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited I. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: GARRETT	(ADDRESS)	1280 RIBBON ROAD	
•	· · ·	ST JOHNS, FLORIDA 32259	20 S
Enter new mailing address, if applicable:		ATTN: GARRETT DENNY	Z NOV
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	PO BOX 3	हिंदी के रहा	
		SEVILLE, FL 32190	4 6 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office ; ; here:	address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:	GARRETT DE	NNY	
New Registered Office Address:	1280 RIBBON	ROAD	
		Enter Florida street address	·
	ST JOHNS	, Flor	ida ³²²⁵⁹
		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.

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
P	JENNIFER L KALOTA	7001 INTERBAY BLVD. #304	□Add
		TAMPA, FL 33616	■Remove
			Change
AR	JENNIFER L KALOTA	7001 INTERBAY BLVD. #304	□Add
		TAMPA, FL 33616	■Remove
MGR	GARRETT DENNY	1280 RIBBON ROAD	≣Add
		ST JOHNS, FLORIDA 32259	□Remove
			GEONE IV
			☐Remove-☐
			□Remove
			□Change
			□Add
			□Remove
			□Change

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		11/08/2022					
ective date, if other than the neffective date is listed, the date must	date of filing: be specific and	:	date of filing o	(e r more than 90 days	optional) after filing.) Pr	ursuant to 6	05.0207
ote: If the date inserted in this blo	ock does not me	eet the applical					
cument's effective date on the De	partment of St	ate's records.					
ecord specifies a delayed effective is filed.	date, but not a	m effective tin	ne, at 12:01 a.i	n, on the earlier o	f: (b) The 9	Oth day af	ter the
	8	2022					
ind November 8			- '				
sted November S							
					-		
	Signature of a m			ive of a member			

Filing Fee: \$25.00