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COVER LETTER

то:		gistration Sec ision of Corp				
CHIRA	T	True Grow I	lydroponics LLC			
SUBJE	SC 1:		Name of Limited	Liability Company	·	
The en	closec	1 Articles of A	Amendment and fee(s) are submitt	ted for filing.		
Please	returr	all correspor	ndence concerning this matter to t	he following:		
			Tarek Bensaoui			
			True Grow Hydroponics LLC	Name of Person	1	
			6250 Edgewater Dr	Firm/Company		
			Orlando FL 32810	Address		
				City/State and Zip C	Code	
			bensaouitarek@gmail.com	12.2.		/
For fur	ther in	nformation co	E-mail address: (to be necerning this matter, please call:	e used for future ar	muai report nout	ication)
Tarek	Bensa	юui		352	874 7910	
		Name of	Person	Area Code	Daytime	: Telephone Number
Enclose	ed is a	a check for th	e following amount:			
\$2:	5,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Cop (additional copy	рy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Bo	NG ADDRESS: ation Section th of Corporations tx 6327 ssee, FL 32314	Reg Dive Cliff 266	REET/COURI istration Section ision of Corpora ton Building I Executive Cen ahassee, FL 323	ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

True Grow t	ydruponics LLC	
(Name of the Limited Lia (A Flo	ibility Company as it now appears of orida limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 04/04	2019 and assigned
Florida document number 1.19000093254		
This amendment is submitted to amend the following	5.	
A. If amending name, enter the new name of the	limited liability company here	:
•		
The new name must be distinguishable and contain the words '	Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
•		201 SE
(Principal office address MUST BE A STREET AL	<u></u>	SECONTI
		on The
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	1366 2 0
		PP W
		•••
B. If amending the registered agent and/or r	egistered office address on o	ur records, enter the name of the nev
registered agent and/or the new registered office:	address here:	
Name of New Registered Agent:		
N D 1 100 All		
New Registered Office Address:	Enter Florida	street address
		Ct. Al.
-	City	, Florida Zip Code
Name Danistana d A contin Signature if changing Posic	· ·	•
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered ag	ent and agree to act in this ca	pacity. I further agree to comply with the
provisions of all statutes relative to the proper an accept the obligations of my position as registere	id complete performance of m	v annes, ana 1 am jamuar wan ana apter 605 FS Or if this document is
being filed to merely reflect a change in the regis	a agent as provided for in Chi atered office address. I hereby	confirm that the limited liability
company has been notified in writing of this char	ige.	
	If Changing Registered Agen	t, Signature of New Registered Agent
	4 4 5	
	Page 1 of 3	

MGR = M AMBR = A	lanager Authorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tarek Bensaoui	169 sunnyside dr clermont fl 34711	
			☐ Remove
			Change
			Remove
			Change
			☐ Add
			☐ Remove
			Change
			□ Add
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ctive date, if other than the	date of filing:	(optional)	
	lock does not meet the appli	or to date of filing or more than 90 days after filing.) Pursuant to 60; icable statutory filing requirements, this date will not be list s.	
ecord specifies a delayene 90th day after the rec	d'effective date, but no ord is filed.	ot an effective time, at 12:01 a.m. on the earli	er (
May 8th	, 2019	 ·	
Jan	2		
	Signature of a member or auth	horized representative of a member	
Tarek Bensaoui			
	Typed or prin	sted name of signee	

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Filing Fee: \$25.00