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	Requestor's Name)	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SURJECT: Home	Grown Taler	it LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Kenneth L	Eldell II  Name of Person	
	Home Gr	own Talent LL Firm/Company	
	1734	NE Kelly Dr Address	
	Arcadi	a / FLorida 34 City/State and Zip Code	24.6
	Kenny ele E-mail address: (	tell @ gmail.com	dification)
For further information c	concerning this matter, please c	all:	
Kenneth L	Eldell II	at (863) 950 Area Code Daytin	(2334)
Name	n i cison	Area Code Dayin	ne retemble sumber
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fifing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Se	ection
Division of C	•	Division of Co	rporations
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	JALENT United Liability Company Florida Limited Liab	as it now appears on enablity Company)	our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>LIGOOGR</u> 2		ere filed on <u>04/</u>	09/2019	and assig	ned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabilit	y company here:			
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	ition "LLC" or the abb	oreviation "L.L.G	<u></u>
Enter new principal offices address, if applicable	e: _			~	
(Principal office address MUST BE A STREET A	DDRESS)			7020 JUES	
	_			<u> </u>	•
				က္	
Enter new mailing address, if applicable:				PK	
(Mailing address MAY BE A POST OFFICE BO.	X)	-		1. 2	. 1
many and the state of the state				23	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		lress on our record	ls, <u>enter the</u> name	of the new i	egister
Name of New Registered Agent:	Sloan M	Jewell _			
New Registered Office Address:	1734 NE	Kelly Dr Enter Florida sti	veet address		
_	Arcadio	City:	Florida	34266 Zip Code	
New Registered Agent's Signature, if changing Regi	stered 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Pres	Kenneth L. Flager II	1734 NEKelly Or Aradia FL 34	12(do Add
			□Remove
			□Change
Pres	Sloan M Jewell	1734 NE Kelly Dr	□Add
		Arcadia, FL 34 Lece	<u> E</u> Remove
			□Change
AMBR_	Slaan M Jewell	1734 NE Kelly Dr	<b>Z</b> /Add
		Arcadia FL 34266	□Remove
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			□ Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

amending any other informat	ion, enter change(s) here	e: (Attach additional s	heets, if necessary.)	
I Kenneth L.	Eldell II was	Supposed	to be owner of	
Company. How	ever, when	ne establish	our company	
-			CoglStered agent	
_		_	g said My wife	
_		,	a registered	
agent as v				
agern as v	arr as an	THE THE	<u> </u>	
17				
tenneth L	Eldell	10090 C	whership	
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ective date, if other than the			(optional)	
te: If the date inserted in this blo	ck does not meet the applica		n 90 days after filing.) Pursuant to 605 irements, this date will not be list	
rument's effective date on the De	partment of State's records.			
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ed The S	$\frac{1}{2}$	<u> </u>		
	109 NI	17/		
	signature of a member of author	orized representative of a m	ember	
U	Mani	10110//		
	<u> </u>	of name of signee		