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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	THE GROV	VWISE GROUP LLC					
300,000		Name of Lim	ited Liability Company	201			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	20 FEB-3			
Please return	ı all correspo	ndence concerning this matter	to the following:				
		Travis Robinson					
			Name of Person				
		The GrowWise Group, LLC					
		Firm/Company					
		4100 North Wickham Road					
		Address					
		Melbourne FL 32940					
		City/State and Zip Code					
,- , , , ,			to be used for future annual report r	notification)			
For further ii	nformation c	oncerning this matter, please ea	alf:				
Lucis Reece	Jr.		305 298-9098				
	Name o	f Person	Area Code Day	time Telephone Number			
Enclosed is a	a check for th	ne following amount:					
■ \$25,00 H	Filing Fee	☐ \$30.00 Filing 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)			
Re Div P.C	iling Addres gistration S vision of C D. Box 632 Hahassee, 1	Section orporations 7	Street Address: Registration : Division of C The Centre o 2415 N. Mon	Section Corporations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	Т	0		
ARTIC	CLES OF O	RGANIZATION F	records.) and assigned	
THE GROWWISE GROUP LLC				
	Liability Compa	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number L19000129582	oility Company		and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:	4100 North Wickham Rd, Unit 107A-256		
(Principal office address MUST BE A STREET		Melbourne, FL 32935		
Enter new mailing address, if applicable:		4100 North Wickham Rd, Unit 107A-256		
(Mailing address MAY BE A POST OFFICE BOX)		Melbourne, FL 32935		
B. If amending the registered agent and/or reg agent and/or the new registered office address	,	address on our records,	enter the name of the new registered	
Name of New Registered Agent:	Lucis Reece Jr.			
New Registered Office Address:	3810 Murrell R	oad Ste 275		
-		Enter Florida stree	t address	
	Rockledge		Florida ³²⁹⁵⁵	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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
MGR	Lucis Reece Jr.	4100 North Wickham Rd Unit 107A-256	= Add
		Melbourne, FL 32935	□ Remove
			□ Change
MGR	Travis Robinson	1227 S. Patrick Dr Suite 102	
		Satellite Beach, FL 32937	≡ Remove
			Change
	-		□Add
			🗆 Remove
			□Change
	<u></u>		□Add
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			□Change

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ective date, if other than	the date of filing:		(0	optional)
reffective date is listed, the date	must be specific and canno	ot be prior to date of fili	ng or more than 90 days	after filing.) Pursuant to 605.020 this date will not be listed as
rument's effective date on the			y ming requirements.	ans duce will not be fisted a.
cord specifies a delayed effe	ective date, but not an eff	fective time, at 12:0	a.m. on the earlier o	f: (b) The 90th day after the
s filed.				
I	202	00		
ed	202	·		
		er or authorized represe		

Typed or printed name of signee