

L19000 129582

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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04/24/20--01014--010 **25.00

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
20 APR 24 AM 11:34

Amend

FILED
D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE GROWWISE GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRAVIS ROBINSON

Name of Person

THE GROWWISE GROUP LLC

Firm/Company

4100 N. WICKHAM RD UNIT 107A-256

Address

MELBOURNE, FL 32935

City/State and Zip Code

travisr@thegrowwiseigroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Robinson

321

349-6360

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 APR 21 AM 11:34
FILED
TALLAHASSEE
FL 32303

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

THE GROWWISE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 APR 24
FILED
AM 11:32
CLERK OF CIRCUIT COURT
JANICE L. HARRIS

The Articles of Organization for this Limited Liability Company were filed on 05/13/2019 and assigned
Florida document number L19000129582

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: TRAVIS ROBINSON

New Registered Office Address: 3810 MURRELL RD# 275
Enter Florida street address

ROCKLEDGE, Florida 32955
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>	<u>Address</u>	<u>Type of Action</u>
MGR	LUCIS REECE	4100 NORTH WICKHAM RD UNIT 107A-256	<input type="checkbox"/> Add
		MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRAVIS ROBINSON	4100 NORTH WICKHAM RD UNIT 107A-256	<input checked="" type="checkbox"/> Add
		MELBOURNE, FL 32935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee