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	(Requestor's Name)	
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	(Address)	
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	, ,	
PICK-U	P   WAIT	MAIL
		<b>—</b>
	(Business Entity Name)	
	(Document Number)	
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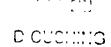


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## **COVER LETTER**

CUDIFCT.	THE GROW	WISE GROUP LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		TRAVIS ROBINSON		
			Name of Person	
		THE GROWWISE GROU	IP LLC	
			Firm/Company	
		4100 N. WICKHAM RD U	JNIT 107A-256	
		<del> </del>	Address	
		MELBOURNE, FL 32935		
			City/State and Zip Code	<del></del>
		travisr@thegrowwisegroup.		
		E-mail address: (	to be used for future annual report notification)	
For further in	nformation co	ncerning this matter, please ca	all:	20 APR
Travis Robii	nson		321 349-6360 at ( )	解 が 
-	Name of	Person	Area Code Daytime Telepho	one Number
Enclosed is a	check for the	following amount:		
<b>≘</b> \$25.00 F	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

TO:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	TO	,
ART	TICLES OF ORGANIZ	ZATION
	OF	5
THE GROWWISE GROUP LLC		
(Name of the Lim	ited Liability Company as it now ar (A Florida Limited Liability Compa	opears on our records.)
	(N Florida Ellined Glabilly Compa	
The Articles of Organization for this Limited l	Liability Company were filed or	n 05/13/2019 and assigned and assigned
Florida document number L19000129582		,
	<del></del> -	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability compan	v here:
and the same of the same same same same same same same sam	or the inneces money company	, <del>, 133.3</del> ,
The control of the co		de de la companya de de la companya
The new name must be distinguishable and contain the	words "Limited Liability Company,	the designation "LLC" or the aboreviation L.L.C.
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		-
Enter now mailing address: if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
	27	ur records, enter the name of the new registered
agent and/or the new registered office addr	ess nere:	
	TD AME DODINGON	
Name of New Registered Agent:	TRAVIS ROBINSON	
New Registered Office Address:	3810 MURRELL RD# 275	
The Treguestica of the Address.	Enter	r Florida street address
	ROCKLEDGE	, Florida <sup>32955</sup>
	City	, Florida Zip Code
New Registered Agent's Signature, if changing	•	·

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	4100 NORTH WICKHAM RD UNIT 107A-256	□Add
		MELBOURNE, FL 32935	<b>≡</b> Remove
			□Change
MGR	TRAVIS ROBINSON	4100 NORTH WICKHAM RD UNIT 107A-256	■Add
		MELBOURNE, FL 32935	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
****		465-1-60-1	🗆 Add
			□Remove
		<del></del>	□Change
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			Remove
			Change

·	rmation, enter change(s) here: (Attach additional sheets, if necessary.)	_
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If an effective date is listed, the date <b>Note:</b> If the date inserted in th	the date of filing:	5.0207 (3 ted as th
e record specifies a delayed efford is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
04/21/ Dated	2020	
Trul	Signature of a member or authorized representative of a member	
	//Signature of a member or authorized representative of a member	

Typed or printed name of signee