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COVER LETTER

	rowth, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: David Muskat		
		Firm/Company	
	4081 SW 47th Avenue, Su	ite 2	
		Address	
	Davic, FL 33314		
		City/State and Zip Code	
	-		
For further information of		· · · · · · · · · · · · · · · · · · ·	ification)
Julie Davis	, , , , , , , , , , , , , , , , , , ,	954 982-4027	
Name of Person		at () Area Code Daytin	nc Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			action
		-	
P.O. Box 632	•	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

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

Murjent Growth, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 06-05-2019	and assigned
Florida document number 84-1943535		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Hacienda Hemp Company, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability 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)	· · · · · · · · · · · · · · · · · · ·	77.51 N
), j
		33: \$ 1
Enter new mailing address, if applicable:		SS 27
Mailing address MAY BE A POST OFFICE BOX		97 9 D
		5m 8
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uddress
		_, Florida
	Citv	Zip Code

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
			□Remove
			□Add
			Remove
			☐ Change
		□Add	
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be ick does not meet the a	pplicable statu	filing or more than tory filing requir	(optio 90 days after ements, this	filing.) Pun	suant to a	605.020 listed a
e record specifies a delayed The 90th day after the reco		it not an eff	ective time, a	t 12:01 a	.m. on t	the ea	rlier o
ated	, 2020	·	_				
			>				
	Signature of a member of	authorized repr	esentative of a me	mber			•

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Filing Fee: \$25.00