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COVER LETTER

Tallahassee, FL 32314

	GROWPSTAR	11,	
SORTECT: 790	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:	
	Anne of Limited Liability Company assed Articles of Amendment and fee(s) are submitted for filing. annuall correspondence concerning this matter to the following: SERGE COMEAU Name of Person Firm/Company 565 NW 153 ST Address MIAMI FI 33/169 City/State and Zip Code SERGECOM 1 GMAIL. COM E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: ERGE OMEAU at (786) 312 2913 Area Code Daytime Telephone Number		
		Name of Feson	
		Firm/Company	
	565 NW /	53 ST Address	·
	MIAMI FI	33/69	
	SERCECON	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please ca	all:	
SERGE	COMEAN	at (9/3
(Autor o		/ Control of the cont	a receptione runner
Enclosed is a check for the	ne following amount:		
₹\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	x:	Street Address	
Registration S	Section	Registration Se	
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L.O. DOX 032	, <i>f</i>	The Centre of 1	rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	ility Company as it now appears on our records.
The Articles of Organization for this Limited Liability (Florida document number <u>L19000 190399</u>	
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) s of Organization for this Limited Liability Company were filed on
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Lir	imited 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 ADD	DRESS)
	<u>-</u> -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
·	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	in the second se

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 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>	Type of Action
MGR	BARBARA JOHNSON		OPA LOCKA ZAdd
		F1 33054	
			☐ Change
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