## 121000 59285

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## **COVER LETTER**

т <b>о</b> :	Registration Sectorision of Corp	tion orations		
	JC Grow LLC	С		
SUBJE	CT:	Name of Limite	Liability Company	
The end	Josef Articles of A	Amendment and fee(s) are submi	nted for filing.	
		ndence concerning this matter to		
		Sheena Sullivan		
			Name of Person	
		DP Sullivan Law Firm		_
			Firm/Company	<del>-</del>
		851 NE 1st Ave #1903		
Address				
		Miami, FL 33132		
			City/State and Zip Code	
		Sheena@DPSullivanLaw.co	n be used for future annual report notification)	_ <del>_</del>
For fin	ther information o	concerning this matter, please ca		
	a Sullivan		718 578-2229	
	Name o	of Person	Area Code Daytime Telephone	Number
Enclos	sed is a check for t	he following amount:		
<b>8</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Addre		Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporations	
	P.O. Box 6327		The Centre of Tailahasse	e

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Control Company was	e filed on 04/14/2021 and a	ssigned		
The Articles of Organization for this Limited Liability Company were filed on 04/14/2021				
lorida document number L21000159285				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liability	company here:			
he new name must be distinguishable and contain the words "Limited Liability (		L.L.C.		
S. A	202 SE1			
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS		·····		
-	<del></del>	,		
	<u>حجہ اسان ا</u>			
Enter new mailing address, if applicable:	n 6 0	- 1		
•				
Mailing address MAY BE A POST OFFICE BOX	-			
B. If amending the registered agent and/or registered office add		new re		
B. If amending the registered agent and/or registered office add		new re		
B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:		new re		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:		new reg		
	Finter Florida street address  Florida			
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:  Name of New Registered Agent:	Iress on our records, enter the name of the r			

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

Title	Name	Address	Type of Action
AMBR	Charles Woodson		
		16 TILFORD #A. DEERFIELD BEACH, FL 33442	≣ Remove
			□ Change
AMBR	Woodson Investment LLC	16 TILFORD #A, DEERFIELD BEACH, FL 33442	🗟 Add
			□Remove
			Change
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Effective date, if other than the fan effective date is listed, the date mu	e date of filing:	the spine to date of 6	line or more than 00	(optional	) N Programatic	. 605 02t
Note: If the date inserted in this b	lock does not meet th	e applicable statut	ory filing requiren	nents, this date	e will not be	listed
document's effective date on the I	pepartment of state's	records.				
e record specifies a delayed effecti rd is filed.	ve date, but not <b>a</b> n eff	fective time, at 12:	01 a.m. on the ear	lier of: (b) T	he 90th day	after th
Dated July 15	202	21				
Dated	-//-					
	11/1/0	er or authorized repr				_