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(Re	questor's Name)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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6/23/21

COVER LETTER

	Registration Se Division of Cor			
em me		n Frencies of SWFL, L.L.C.		
SUBJEC	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ırn all correspo	ondence concerning this matter	to the following:	
		Randi Derench		
			Name of Person	
			Firm/Company	
		11796 Passeo Grande Blvc	1 Unit 4712	
		~t .	Address	
		Fort Myers, FL 33912		
		rderench@gmail.com	City/State and Zip Code	
For further	information c	E-mail address: (oncerning this matter, please ea	to be used for future annual report no all:	tification)
Randi Der	ench		239 222-1814 at ()	
•	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for ti	ne following amount:		
\$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Jailing Addres</u> egistration S		Street Address: Registration S	ection
	Division of C		Division of Co	orporations
	.O. Box 632 allahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homegrown Frencies of SWFl, L.L.C.		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ited Liability Company)	r records.)
he Articles of Organization for this Limited Liability Comp	pany were filed on 05/06/202	and assigned
orida document number L21000213274		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited L	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>	-	
. If amending the registered agent and/or registered office and/or the new registered office address here:	ice address on our records.	. enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	n address
		, Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, it 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.

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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
AMBR	Brandon S Derench	3111 36th Street	
		Lehigh Acres, FL 33976	■Remove
			□Change
			\ \ \ \
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
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			□Change
		<u></u>	□Add
			Remove
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			□Remove
			□ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
s filed.	
05/17/2021	
ed	
	•
Signature of a member or authorized represent	ntative of a member

Filing Fee: \$25.00