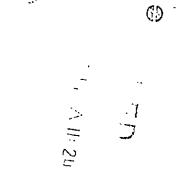


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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: HOM	e Grown Pur	18 SInigation of Liability Company	ion UC
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	_Andrew	Belanger Name of Person	
	Home Gro	Firm/Company	5 Irrigation LC
	18467	17th CT N Address	
	Loxahatch	ce FL 33 L City/State and Zip Code	470
	HC-Pumps E-mail address: (to	andimigation be used for future and al report notif	
For further information co	oncerning this matter, please cal	l:	
Andrew Name of	Belanger	at (561) 33E Area Code Daytime	5-6693 E Telephone Number
Enclosed is a check for the	e following amount:		
\$\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Sec	
Division of Co P.O. Box 6323		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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.

City

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andrew Belanger	18467 47th CTN	_ X Add
		Loxahatchee FL 33470	□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if new		
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E. Effective date, if other than the date of filing:	onal)	•
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	r filing.) Pursuant to 602 is date will-not be list	5,0207 (3)(1 ed as the
document's effective date on the Department of State's records.	.: 24	,
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (lecord is filed.		r the
Dated AUGUST 10 . 2021.		
Signature of a member or authorized representative of a member		