

K21 000380592

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(City/State/Zip/Phone #)

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2021 OCT 26 PM 11:39  
SECRETARY OF  
STATE

40

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRWINVEX LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NELSON J FINOL

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

17621 ESPRIT DR

\_\_\_\_\_  
Address

TAMPA FL 33647

\_\_\_\_\_  
City/State and Zip Code

growinvexllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NELSON J FINOL

813 730-9340  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**

2021 OCT 26 PM 11:39

GROWINVEX LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF  
TALLAHASSEE

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The Articles of Organization for this Limited Liability Company were filed on AUGUST 25, 2021 and assigned  
Florida document number L21000380592.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

17621 ESPRIT DR

TAMPA FL 33647

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NELSON J FINOL

New Registered Office Address:

17621 ESPRIT DR

*Enter Florida street address*

TAMPA

*City*

Florida 33647

*Zip Code*

**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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	FINOL. NELSON J SR	17621 ESPRIT DR	<input type="checkbox"/> Add
		TAMPA FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FINOL. NELSON J	17621 ESPRIT DR	<input checked="" type="checkbox"/> Add
		TAMPA FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

MGR's name was incorrect. We changed from NELSON J FINOL SR to NELSON J FINOL.

In addition to the name change the principal office address was also changed from

8635 West Hillsborough Ave #443 Tampa FL 33615 to 17621 Esprit Dr Tampa FL 33647.

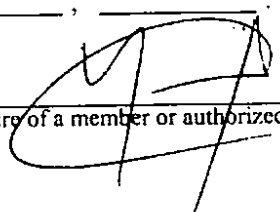
**E. Effective date, if other than the date of filing:** October 16th, 2021 **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 16th, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

NELSON J. FINOL

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**