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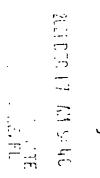
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A. BUTLER JAN - 4 2022

COVER LETTER

TO:

Registration Section Division of Corporations

GNGROW SUBJECT:	TH LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jorge Stuyck			
		Name of Person		
	GNGROWTH LLC			
		Firm/Company		
	55 Ocean Ln Dr Apt 3035			
		Address		
	Key Biscayne, FL 33149			
		City/State and Zip Code		
	jstuyck@witpath.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Jorge Stuyck		305 9878091		
Name of Person			ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, f	FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GNGROWTH LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/02/2021 and assign Florida document number | L21000474724 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) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
AMBR	Charles W Richardson	1705 West Watrous Ave, Tampa FL 33606	= Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		.	□Remove
			□Change
			□Add
		□Remove	
			□Change
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			□Remove
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			🗆 Add
			□Remove
			□Change

			
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	t be specific and cannot be proceed does not meet the app	ior to date of filing or more than 90 c licable statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605,0207 (3) ents, this date will not be listed as the
	•		
he record specifies a delayed effective ord is filed.	e date, but not an effective	e time, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
Dated December 11th	2021		
-y/-/-	·	·	
JULY V	70	thorized representative of a member	

Typed or printed name of signee