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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

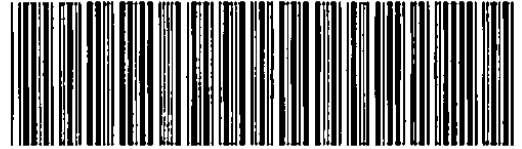
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2022 DEC - 1 AM 0:21  
SECURITY  
FALL ARREST - 20810

TO: Registration Section  
Division of Corporations

SUBJECT: OUTGLASS 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:

GARY SANCHEZ  
Name of Person

7621 SW 64TH STREET RD  
3585 SW 38TH TER UNIT F102  
Firm/Company  
Address

OCALA FL 34474  
City/State and Zip Code

SANCGIO@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY SANCHEZ  
Name of Person  
at (215) 281-6117  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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 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

TO  
ARTICLES OF ORGANIZATION  
OF

OUTGLOSB 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 1/03/2022 and a Florida document number L22000001542.

This amendment is submitted to amend the following:

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

GROWTH BRANDS LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7621 SW 64TH STREET RD  
OCALA FL 34474

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7621 SW 64TH STREET RD  
OCALA FL 34474

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

Name of New Registered Agent:

NO REGISTERED AGENT

New Registered Office Address:

Enter Florida street address

City

Florida

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
<u>MGR</u>	<u>JARELIS MUNN</u>	<u>7621 SW 64<sup>th</sup> Street RD</u>	<input checked="" type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> CI
			<input type="checkbox"/> Ac
<u>MGR</u>	<u>MORGAN NOBLE</u>	<u>NORTHWEST REGISTERED AGENT</u>	<input checked="" type="checkbox"/> Rel
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
			<input type="checkbox"/> Change

[illegible]

**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.

Dated 11-22-22, \_\_\_\_\_



GARY SANCHEZ

Typed or printed name of signee

**Filing Fee: \$25.00**