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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## COVER LETTER

| TO: Registration S<br>Division of Co                                      |  |   |   |  |   |
|---|--|---|---|--|---|
|   | ally Grown LLC                               |   |   |  |   |
| SUBJECT:  | Name of Lim                                  | ited Liability Company  |   | _  |   |
| The enclosed Articles o   | f Amendment and fee(s) are sub               | mitted for filing.  |   |  |   |
| Please return all corresp   | oondence concerning this matter              | to the following:   |   |  |   |
|   | Ashlie Torres                                |   |   |  |   |
|   |  | Name of Person  |   |  |   |
|   | Wholistically Grown LLC                      |   |   | ~  |   |
|   | <del></del>                                  | Firm/Company  |   | 2023 APR -4 PH 3: 00 SECRETALL OF STATE TALLA IN SEF FL                | _ |
|   | 1170 Tiger St. SE                            |   |   | PR -   |   |
|   |  | Address   |   | <b>.</b>   | 1 |
|   | Palm Bay, FL 32909                           |   |   | SEP OF   |   |
|   | <u> </u>                                     | City/State and Zip Code   |   | —. 57<br>57<br>57<br>77<br>70  |   |
|   | ashlictorres@gmail.com                       |   | 10 S T S                                      | - m o  |   |
| r e a te la   |  | to be used for future annual report noti  | heation)                                      |  |   |
|   | concerning this matter, please c             |   |   |  |   |
| Ashlie Torres   |  | 321 591-5760<br>at ()   |   | -  |   |
| Name  | of Person                                    | Area Code Daytim  | e Telephone Num                               | her  |   |
| Enclosed is a check for   | the following amount:                        |   |   |  |   |
| ■ \$25.00 Filing Fee  | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | Certif<br>Certifi                             | Filing Fee,<br>icate of Status &<br>ied Copy<br>onal copy is enclosed) |   |
| Mailing Addr<br>Registration<br>Division of<br>P.O. Box 63<br>Tallahassee | Section<br>Corporations<br>27                | Street Address:<br>Registration Se<br>Division of Cou<br>The Centre of T<br>2415 N. Monro<br>Tallahassee, Fl. | rporations<br>Fallahassee<br>se Street, Suite | e 810  |   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa  | any ay it now appears on our rec  | ords.)                           |
|---|-----------------------------------|----------------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited  | Liability Company)                | ,                                |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000053860</u>       | were filed on 02/01/2022          | and assigned                     |
| This amendment is submitted to amend the following:   |                                   |                                  |
| A. If amending name, enter the new name of the limited liab   | oility company here:              |                                  |
| Handled With Love Petcare LLC   |                                   | 202<br>SE                        |
| The new name must be distinguishable and contain the words "Limited Liabi   | hty Company," the designation "I  | LLC" or the abbreviation "L.L.C. |
| Enter new principal offices address, if applicable:   |                                   | PR -                             |
| (Principal office address MUST BE A STREET ADDRESS)   |                                   |                                  |
|   |                                   | SET 3 0                          |
|   |                                   | FAE OO                           |
| Enter new mailing address, if applicable:   |                                   |                                  |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                   |                                  |
|   |                                   |                                  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>en</u> | ter the name of the new regis    |
| Name of New Registered Agent:   |                                   |                                  |
| New Registered Office Address:  |                                   |                                  |
|   | Enter Florida street add          | dress                            |
|   |                                   | Florida                          |
|   | City                              | 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> | Type of Action                     |
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|  | 03/17/2023  |                               |                                 |                |              |
| CC   | date of filing:   | ate of filing or more than 90 | (optional)<br>days after filing | .) Pursuant to | 605.0207     |
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| ffective date, if other than the an effective date is listed, the date must inte:  If the date inserted in this bloocument's effective date on the Decreeord specifies a delayed effective is filed.  March 16 | epartment of State's records.   |                               |                                 |                | after the    |
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Filing Fee: \$25.00