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(Requestor's Name)
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	gistration Solision of Col			
CUD IFCT.	TORKIS L	LLC		
SUBJECT:		Name of Lin	nited Liability Company	_
The enclosed	d Anieles of	Amendment and fee(s) are sub	omitted for tiling.	
		ondence concerning this matter		
		RICHARD PENA ZAMB	RANO	
			Name of Person	<u> </u>
		MERGE TO GROW LLC		2022 N SEC!
			Firm/Company	一百百克
		5036 VELLACITO WAY		2022 NOV -2 AH 10: 13 SECRETA ST SESSION I
			Address	
		DAVENPORT, FL 33897		[18] D. C.
		TANICONDOCUE	City:State and Zip Code	
		TAXES@MERGETOGRO	to be used for future annual report notification)	_
For further ii	iformation c	oncerning this matter, please ea	•	
RICHARD I	PENA		407 9129410 at ()	
	Name o	f Person	Area Code Daytime Telephone Num	ber
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & ied Copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section	
Div	ision of C	orporations	Division of Corporations	
P.C	D. Box 632	.7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TORKIS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/25/2022	and assigned
Florida document number <u>L22000146593</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name trust be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		20
		DAN TI
Enter new mailing address, if applicable:		SHEETS.
(Mailing address MAY BE A POST OFFICE BOX)		
		경역 표 급
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent.	-	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	CIO	rsp cone

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>	<u>Address</u>	Type of Action
AMBR	SERGIO A SERRANO	4640 CANAL ST	≣ Add
		NEW ORLEANS, LA 70119	□Remove
			☐Change
			□Add
			□Remove
			Change
			SHICKETT SAY OF STALL MINSSEE.
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is filed.					. ,		·
ted	OCTUBER 25	2022	·				
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Filing Fee: \$25.00