

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L2200020168031**

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(((H22000201680 3)))



H220002016803ABCV

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EGRO BRANDS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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2022 JUN -9 PM 3:04

AD
FLORIDA DEPARTMENT OF STATE
FACILITY, TALLAHASSEE, FLORIDA

2022 JUN -9 PM 3:23

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T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

JUN 13 2022

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

eGro Brands 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 04/08/22 and assigned
Florida document number L22000170831.

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

_____, Florida

City

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2022 JUN -9 PM 3:25
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE
FLORIDA

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>
AMBR	AHMAD ABDEL MOGEEES ASHRAF M, MR	1746 E SILVER STAR ROAD SUITE 766	<input type="checkbox"/> Add
		OCOOEE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ahmad Abdul Mogees Ashraf	1746 E SILVER STAR ROAD SUITE 766	<input checked="" type="checkbox"/> Add
		OCOOEE, FL 34761	<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

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Dated 06/09 _____, 2022

Riley Park
Signature of a

Signature of a member or authorized representative of a member

Riley Park

Typed or printed name of signee

Filing Fee: \$25.00