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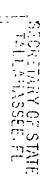
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COVER LETTER

TO: Registration Sec Division of Corp		·	
SUBJECT:O	CGROW LL	<u>.</u>	
30 LUCE	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Joith	PEN ALOS A Name of Person	
	OF G	LOW LCC Firm/Company	<u></u>
	6000	LOUINS AVE, #1:	26 MIMMIBEACH, FL 33140
of further information cor	PENALOS A E-mail address: (City/State and Zip Code TGP GMALL to be used for future annual report notific	cation)
		at (917) 664 (Telephone Number
Enclosed is a check for the	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 Address: Registration Se	ection	Street Address: Registration Sect Division of Corp	
P.O. Box 6327 Tallahassee, FI	•	The Centre of Ta	

Tallahassee, FL 32303

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

_ UK GROWILL	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2200183038</u> .	were filed on 4/18/22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	Dame HOLDINGS LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	GOOD COWINS AUT
(Principal office address MUST BE A STREET ADDRESS)	#126 MIAMI BEACH FL33140
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PROVINCETOWN MARINETT
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Treyout	PENAMOSÁI === ================================
New Registered Office Address:	Enter Florida street address
	Florida
	12
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
			🗆 Add
			□Remove
			□Change
			□Add ,
		,———	□ Remove
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	 		□Add
	,	•	□Remove
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ffective date, if	other than the date of listed, the date must be specif	filing:	prior to date of filir	ne or mo re th an 90 da	(optional)	nt to 605.020°
lote: If the date i	inserted in this block does ive date on the Departmen	not meet the a	ipplicable statutor	y filing requiremen	nts, this date will no	be listed as
record specifies a l is filed.	a delayed effective date, bu	ut not an effec	tive time, at 12:01	a.m. on the earlier	r of: (b) The 90th o	lay after the
ated & S	Dz AUGUST 3	po 20	22.			
) <u> </u>		ntative of a member		
) Sig sature	e of a member o	r autnorized represe	mative of a member		