## 422000243654

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S. PRATHER

## **COVER LETTER**

TO: Registration ! Division of Co			
POLANC	O SERVA INVESTMENTS LI	C	
SUBJECT:			
	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	Luisa E Scott		
		Name of Person	
	American Growing Group	LLC	
		Firm/Company	
	15701 State Road 50 Suite	204	
		Address	
	Clermont, FL, 34711		
	1 visa@a.ula	City/State and Zip Code	
	Luisa@aggls.com		
		to be used for future annual report notif	ication)
	concerning this matter, please c	all:	
Gabriel Felipe Polanco I	Morales	916 799-9936	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	<u>-</u>	Descours of	
325.00 Tilling ( ee	☐ \$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)
		. , , , , , , , , , , , , , , , , , , ,	

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLANCO SERVA INVESTMEN	TS LLC		2027 7071
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited I Florida document number L22000243654 This amendment is submitted to amend the fol		were filed on	and assigned PA 4: 3
A. If amending name, enter the new name of the limited liability company here:			32
A. It amending name, <u>enter the new name o</u> N/A	of the limited liat	olity company here:	
The new name must be distinguishable and contain the	woode "Limited Linki	ility Company " the decimation "I I	C" or the abbreviation "L. L. C."
Enter new principal offices address, if appli		N/A	of the above viation E.E.C.
(Principal office address MUST BE A STREET ADDRESS)		N/A	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A N/A	
B. If amending the registered agent and/or agent and/or the new registered office addresses	<u>.</u>	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	N/A 	·-	
New Registered Office Address:	N/A		
	<del></del>	Enter Florida street addr	ess
		, F	`lorida
		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 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>	Address	Type of Action
N/A	N/A	N/A	
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			☐Change
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record specifies a delayed effec	tive date, but not an	i effective time, at	12:01 a.m. on the ea	ırlier of: (b) The S	Oth day after th
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Filing Fee: \$25.00