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TO:

Tallahassee, FL 32314

	ation Sec n of Corp	ction porations		•	
		GROVES FEST LLC			
SUBJECT:		Name of Lim	ited Liability Company	<u> </u>	
The enclosed Ar	ticles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all	correspo	ndence concerning this matter	to the following:		
		CODY EDWARDS			
			Name of Person		
		FLORIDA GROVES FES	r llc		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	,	
		13559 TARRASA CT W			
			Address		
		JACKSONVILLE FL 3223	25		
		CODY@710DABDAY.CO	City/State and Zip Code M		
			to be used for future annual report not	fication)	
For further infor	mation co	oncerning this matter, please ca	all:		
CODY EDWAR	RDS		954 294 4915 at ()		
	Name of	f Person		ne Telephone Number	
Enclosed is a che	eck for th	e following amount:			
■ \$25.00 Filin	g 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)	
	Addres		Street Address:	ation	
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 27 PM 2:58 Florida Groves Fest LLC (Name of the Limited Liability Company as it now appears on our records) CARE IARY OF STATE (A Florida Limited Liability Company) TALL AHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." The new name must be distinguishable and contain the words 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

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.

City

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>	Address	Type of Action
AMBR Cody Edwards		13559 Tarrasa CT W Jacksonville, fl 32225	≣ Add
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Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the content of the con	te must be specific and his block does not n	f cannot be prior to neet the applical	o date of filing or mo	(option than 90 days after requirements, this	filing.) Pursuant to 60)5.0207 (; sted as th
the record specifies a delayed eff cord is filed.	Fective date, but not	an effective tim	ne, at 12:01 a.m. of	the earlier of: (b)	The 90th day aff	er the
July 25 Dated		2022	-)			
- Dates	//					
	(Led		ized representative of			

Typed or printed name of signce