L23000104510

(Rec	luestor's Name)	
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(City	/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Rus	iness Entity Nan	ne)
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

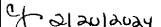




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2024 FEB -5 AH 7: 38



COVER LETTER

TO: Registration Section of Corp			
SUBJECT:	id a Shawn Growin	Hands LLC	
	Name of Limite	dLiability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Kipplin	Ford Name of Person	
		Firm/Company	
		Blvd Unit 1307 Address	
	Jacksonville	F1. 32225 City/State and Zip Code	
		De used for future annual report noti	
For further information co	oncerning this matter, please ca	11:	
Kipplin F	F Person	at (404) 424 - 3 Area Code Daytim	3795 ne Telephone Number
Enclosed is a check for th	ne 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 Addres		<u>Street Address:</u> Registration Se	ection
Registration S Division of C		Division of Co	
P.O. Box 632	-	The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KioLashawa Growing	Hapels LLC	2024F33-5 FH 7: 38
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on February 18	2023 and assigned
Florida document number <u>L23000106510</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 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:		
New Registered Office Address:	Enter Florida street addres.	7
		orida Zip Code
New Degistered Agent's Signature, if changing Registered Agent	City t:	p 30m2

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
			Remove
			□Remove
			□Change
			□Remove
		Change	
		□Add	
			□Remove
			Change
			Remove
			Change
			□Add
			□Remove
			□Change

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If an effe Note:	ctive date, if other than the date of filing:	ng.) Pursuant to 605.0207 (
e recore	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	The 90th day after the
Dated	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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