

L23000 135419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

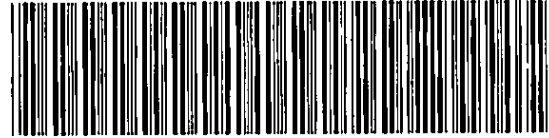
(Document Number)

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 03/30/2023

Acc#I20160000072

*W: [Signature]*

Name:	GRO GP D1, LLC
Document #:	
Order #:	14851888

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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W.P. Verifier _____
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Amount: \$ 55.00

Thank you!

STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: GRO GP DI, LLC

SECOND: The Florida Document number of the limited liability company is: 1,23000135419

THIRD: Document to be corrected is: Articles of Organization for Florida Limited Liability Company

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

there was a typographical error in the name is should be: GRO GP DI, LLC

OR

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- The electronic transmission of the record was defective.

[Signature]  
Signature of Authorized Representative

3/29/22  
Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)