LZ3000157017

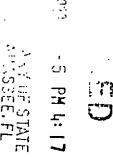
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R. HUNT 07/05/23

COVER LETTER

TO: Registratio Division of	n Section Corporations		• •		
	SIDE GROWERS, LLC				
SUBJECT:	Name of Li	mited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are su	ibmitted for filing.			
Please return all corre	espondence concerning this matte	er to the following:			
	J. COLE BREWER, ESQ).			
	-	Name of Person		-	
	J. COLE BREWER, P.A.				
		Firm/Company		-	
	124 NORTH BREVARD	AVENUE			• • • • • • • • • • • • • • • • • • •
		Address			
	ARCADIA, FL 34266				را درا
		City/State and Zip Code		· 55	
	CORPORATE@BREWER			ω_{Ω}	1 Kd
	E-mail address:	(to be used for future annual report n	otification)		<u>:</u>
For further informatio	n concerning this matter, please of	call:		मि	-1
J. COLE BREWER, I	ESQ.	863 494-4323			
Name of Person			ime Telephone Number		
Enclosed is a check fo	r the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Add Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration S Division of Co The Centre of 2415 N. Monn	orporations	0	
		Tallahassee, F	L 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREEK SIDE GROWERS, LLC						
(Name of the Lim	ited Liability Comp (A Florida Limited	nny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited I Florida document number L23000157017 This amendment is submitted to amend the fol	·	were filed on 03/2	9/2023	_ and assi	i gne d	
A. If amending name, enter the new name of		oility company her	<u>e</u> :			
CREEKSIDE GROWERS, LLC						
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the des	ignation "LLC" or the abbrev	iation "L.I	LC."	
	cahle:	n/a				
Enter new principal offices address, if appli			i			
(Principal office address MUST BE A STREE	CI ADDINESO)					
				:	•	
		n/a		: 01	وجروت	
Enter new mailing address, if applicable:		*		===	- 	
(Mailing address MAY BE A POST OFFICE	BOX)				*Map*	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our rec	cords, <u>enter the name o</u>	the new	<u>registere</u>	
Name of New Registered Agent:	n/a	·				
	n/a					
New Registered Office Address:	Enter Florida street address					
	n/a		, Florida			
		City		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent	• •				
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the	ed agent and agi per and complete istered agent as	ree to act in this co e performance of n provided for in Cl	ny aunes, ana 1 am jum napter 605, F.S. Or, if t	niar wiir his docu	ment is	

company has been notified in writing of this change.

If Chunging 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>	Name	Address	Type of Action
		n/a	🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
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n/a					
ctive date, if other than the date of filing:	date of filing or more th	optio an 90 days after	inar) filing) Pur	suant to	605,0
E: If the date inserted in this block does not meet the applicable	e statutory filing req	uirements, this	date will	not be	listed
iment's effective date on the Department of State's records.					
ord specifies a delayed effective date, but not an effective time	, at 12:01 a.m. on th	e earlier of: (b)	The 90	th day o	ifter t
filed.					
17/2 2/123					
0	•				
// 6					
// d. // //					
d Jane 27th 2023 Ahm 1 Dieze Signature of a member or authoriz	ed representative of a r	nember		 	

Filing Fee: \$25.00