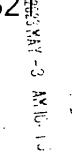
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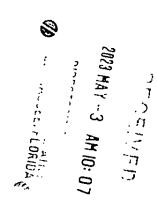
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Office Use Only





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COVER LETTER

. TO: Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: GYOW WITH THE FLOW Name of Limited Liab	Lawn and Maintenance, LLC billing Company
The enclosed Articles of Amendment and fee(s) are submitted to	for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Bristol McC	Same of Person
Grow with the f	low Lawn and Maintenance
13250 (ent	er Street Address
Dade City	State and Zip Code Cray 51 c amail Com ed for future annual regist notification)
E-mail address: (to be use	ccray 51 cgmail. Com ed for future annual report notification)
For further information concerning this matter, please call:	
Bristol McCray Name of Person	at (813) 406-1818 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	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

Grow with the Flow Lawn and Ma			2023 XAY -	-3 AMIL.]
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number 1.23000190467		wwere filed on 04/.	18/2023	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lial	bility company her	<u>re</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the de	signation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
				_
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our re	cords, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	N/A	-		
New Registered Office Address:				
-		Enter Flori	da street address	
			, Flori	da
		Cuv		Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bristol A. McCray, Sr.	13250 Center Street Dade City, FL	= Add
			Remove
			□ Change
AMBR	Bristol A. McCray, Sr.	13250 Center Street Dade City, FL	= Add
			□ Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			Remove
			□Change

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Bust-1. M. Nechan		ive date, but not an e	ffective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 90	th day after the
Signature of a member or authorized representative of a member	led)23			
		Signature of a memb	7. UCC	CULL presentative of a mem	her	·
	Bristol A. McCray, St	·.				

Filing Fee: \$25.00