L23000275082

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COVER LETTER

TO: Registration S Division of Co					
GROW FO	ORTH LLC				
SUBJECT:	Name of Lin	Name of Limited Liability Company Indiment and fee(s) are submitted for fitting, the concerning this matter to the following: IMMHE COLLINS Name of Person IROW FORTH LLC Firm/Company 57 PARK AVE Address ACKSONVILLE, FL 32218 City/State and Zip Code DMIN@GROWFORTH.LLC E-mail address: (to be used for future annual report notification) ming this matter, please call: 904 655-7024			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	JIMMIE COLLINS				
		Name of Person			
	GROW FORTH LLC				
		Firm/Company			
		Address			
	JACKSONVILLE, FL 322	218			
		City/State and Zip Code	-	S ===	
				120 120 120	estati Syn
For further information of	eoncerning this matter, please c		cation)	0 2	
JIMMIE COLLINS				(/) -	•
Name o	of Person		Telephone Number	2: 2 STAT 5: FL	
Enclosed is a check for t	the following amount:			ra 	()
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ng Fee. of Status & Topy ppy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 FORTH LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Torida document number <u>L23000275082</u>	any were filed on 06/06/23	and assigned
forida document number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	nability Company," the designation "LLC" o	r the abbreviation "L.L.C."
anter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	ù	
		
		202
inter new mailing address, if applicable:		50 0
Mailing address MAY BE A POST OFFICE BOX)		
		22 5
. If amending the registered agent and/or registered offi		SCO PH
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new register
		은 21 - 건설 :
Name of New Registered Agent:		• •
Nove Descript word Office Address		
New Registered Office Address:	Enter Florida street address	
	, Flori	da.
	City	Zip 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, 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		
MGR	JIMMIE COLLINS	E57 PARK AVE	□Add		
		JACKSONVILLE. FL 32218	□Remove		
			= Change		
AMBR	YOEL GONZALEZ	9900 NW 70TH ST	□Add		
		TAMARAC, FL 33321	≣Remove		
			Change		
AMBR	ALEXANDER CAPLAN	157 PARK AVE	ST 2023 TACO Add TT		
		JACKSONVILLE, FL 32218	TO PER PROPERTY OF THE PROPERT		
			PATE DANGE		
			□Remove		
			□Change		
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fective date, if other tha	in the date of	f filing:	12/20/23			(optic	mal)	
n effective date is listed, the d te: If the date inserted in	ate must be spec	ific and canno	ot be prior to	date of filing	or more than	90 days after	tiling.) Pursuai	nt to 605.020
cument's effective date on	the Departme	nt of State's	records.	e manany	ma requi	remema, mg	date will no	. De listed i
ecord specifies a delayed e is filed.	ffective date, b	out not an ef	fective time	e, at 12:01 a	a.m. on the	earlier of: (b)	The 90th c	lay after th
ned DECEMBER 20th			023	. 4				
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Typed or printed name of signee