

L23000275082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

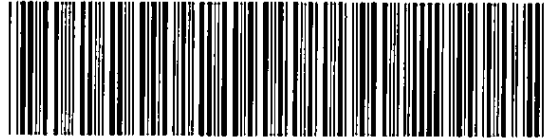
(Business Entity Name)

(Document Number)

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12/22/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROW FORTH LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIMMIE COLLINS

Name of Person

GROW FORTH LLC

Firm/Company

157 PARK AVE

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

ADMIN@GROWFORTH.LLC

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIMMIE COLLINS

904 655-7024
at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy 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

GROW FORTH LLC

If Changing 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JIMMIE COLLINS	157 PARK AVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	YOEL GONZALEZ	9900 NW 70TH ST	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXANDER CAPLAN	157 PARK AVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
TALLAHASSEE, FL

FILED
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SEC. OF STATE
TALLAHASSEE, FL

SEC. OF STATE
TALLAHASSEE FL
PM23 DEC 22 PM 2:21

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E. Effective date, if other than the date of filing: 12/20/23 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 20th 2023

Signature of a member or authorized representative

JIMMIE COLLINS

Typed or printed name of signee