## L23000473745

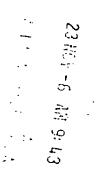
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## **COVER LETTER**

	Registration Sec Division of Corp						
onn tre	GROWTH 11, LLC						
SUBJEC	Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter Sham R. Sao				Note: This Amendment is only amending Article III. Please see amendment in Section D.			
			Name of Person				
		Sham R. Sao					
Firm/Company							
		414 Stonehenge Cir					
			Address				
		Rockledge, FL 32955					
			City/State and Zip Co	ode			
		shamsao@gmail.com  E-mail address: (t	o be used for future ann	nual report notification)			
For furth	er information c	oncerning this matter, please ca	ill:				
Sham R. Sao			617 at ( )	678-2946			
	Name o	l'Person	Area Code	Daytime Telephone Number			
Enclosed	Lis a check for th	ne following amount:					
<b>■ \$2</b> 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing F Certified Copy (additional copy is	y Certificate of Status &			
	Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Regi Divi	et Address: distration Section dision of Corporations Centre of Tallahassee			

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- 1. San 19. 65 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 16, 2023 and assigned Florida document number L23000473745 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_. Florida \_\_ Cin

## 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
			□ Add
			Remove
			□Change
			□Add
			□Remove
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	***		□ Add
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CONSULTING, COACHING, AND MARKETING SERVICES					
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	ust be specific and cannot be prior to dat block does not meet the applicable	(optional te of filing or more than 90 days after filing statutory filing requirements, this dat	g.) Pursuant to 605.0207 (3)(b		
cord is filed.		at 12:01 a.m. on the earlier of: (b) T	he 90th day after the		
Dated November 1  Sham R. Sao	2023				
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Typed or printed name of signee