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COVER LETTER

TO: Registration Sec Division of Corp			•	
SUBJECT: <u>Han</u>		lergrowth Mowr	ng CCC	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Christopher	F UL Name of Person		
	Hanus Field	B Umlergrowth 1 Firm/Company	nwing LLC	
		-1/ hwd 542E Address		
	Bushnell, F	City/State and Zip Code		
	hanks Field me	l imiliar ou in mullion de used for future annual report noti	ng(a) gmall cum	
For further information co	ncerning this matter, please ca			
Name of	Person	at () Area Code Daytim	e Telephone Number	3 6
Enclosed is a check for the	e following amount:		· · · · · · · · · · · · · · · · · · ·	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (Additional copy is enclosed)	فحمد والمتح

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

FONS FIELD 3 Under growth (Name of the Limited Liability Company as i (A Florida Limited Liability	MUUING (LC it now appears on our records.) by Company)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L23800</u> 483 <i>3</i> 93	filed on	3_ and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability o	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the a	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 addre agent and/or the new registered office address here:	ss on our records, enter the na	me of the new r	registered
		202	
Name of New Registered Agent:			
New Registered Office Address:		: 2	
	Enter Florida street address		7 7 7
	, Florida _	-Zip Code	

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.

New Registered Agent's Signature, if changing 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
Mgs	Christopher & Lee	1097 County Road SUBE	Add
		Bushnell, FL 33513	□Remove
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Effective date, if of if an effective date is I Note: If the date in document's effective	isted, the date r aserted in this	nust be speci: block does	fic and car not mee	nnot be price t the appl	licable sta	of filing or tutory fili	more than	90 days afte	i onal) r filing.) is date v	Parsuan	1 to 603 0	0207 d as
e record specifies a rd is filed.	delayed effec	tive date, b	ut not an	effective	time, at	12:01 a.m	. on the e	arlier of: (b) The	90th da	ay after	the
Dated			 , _		 .							
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		Signature	of a men	To Kec.	thorized re	presentativ	ve of a me	mber				

Filing Fee: \$25.00