Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name

: ZENBUSINESS INC.

Account Number : 120230000190

Phone

(844)449-3624

Fax Number

: (512)597-0678

Enfer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** άĐ

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Certificate of Status	0
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2024-08-27 11:12:27 UTC+14 COVER LEFTER

18506176383

From: ZenBusiness Us

	gistration Serision of Corp			
eren reger.	Growing W	eaith LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of a	Amendment and fee(s) are sub	omitted for filing	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Allison Monzon		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
		fulfillment@zenbusiness.co	City/State and Zip Code	
		• •	to be used for future annual report not if	ication)
For further in	nformation ec	oncerning this matter, please c	ali:	
c/o ZenBus	iness INC		8.44 49.3-6249 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	Illng Addres gistration S vision of C D. Box 632 Ilahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

'Page: 3 of 5

2024-08-27 11:12:27 UTC-14 18: ARTICLES OF AMENDMENT 18506176383 TO

ARTICLES OF ORGANIZATION ÓF

From: ZenBusiness U	\$
FILEU	
2024 AUG 27 AM 2:51	
MALIAHASSAMI	

Growing Wealth LLC

(<u>Name of the Limited Liability Con</u> (A Florida Limite	many as It now appears on e d Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L24000023412</u>	ny were filed on $\frac{2024-01}{1}$	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designa	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5608 SR 67494 Wimauma, FL 33578			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	5508 SR 67494 Wirn			
(Mailing address MAY BE A POST OFFICE BON)				
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	ls, enter the name of the new registere		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida st	rcet address		
		, Florida		
	Cirv	Zīp Code		
New Registered Agent's Signature, if changing Registered Agen				
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to available and being filed to available and a file agent of the projection of the content of the c	ete performance of my c us provided for in Chap	luties, and I am familiar with and ter 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.

II Changing Registered Agent, Signature of New Registered Agent

To: Page: 4 of 5 2024-08-27 11:12:27 UTC-14 18506176383 From: ZenBusiness Us in 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
AMBR	Tyza Rodriguez	5608 SR 67494 Wimauma, FL 33578US	□Add
			□Remove
			≣Сһапде
4MBR	Zakela Lesane	10391 Easton Trace DriveApt 307Sun City Cente	or FL3 □————————————————————————————————————
			■ Remove
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If an effective date is listed, the date <u>Note:</u> If the date inserted in th		(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 (ry filing requirements, this date will not be listed as the
e record specifies a delayed eff d is filed.	ective date, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th day after the
8/26	2024	
Jated		
/s/ Tyza R	Odriguez Signature of a member or authorized represe	