

120 0000 11537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

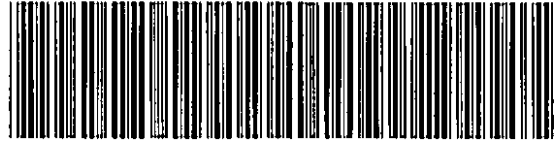
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
DIVISIONS  
20 APR 27 PM 3:48

Name Change

MAY 07 2020

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 113 Hemp Group, 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:

Juan Pablo Ceballos  
Name of Person  
113 Hemp Group  
Firm/Company  
21163 NE 18th PL  
Address  
Miami FL 33179  
City/State and Zip Code  
juanpaceballos@mac.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Pablo Ceballos at (786) 942-1532  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

FILED  
20 APR 27 PM 3:48  
Tallahassee, Florida



2020 APR 27 PM 12:20

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2020

JUAN PABLO CEBALLOS  
113 HEMP GROUP  
21163 NE 18TH PL  
MIAMI, FL 33179

SUBJECT: 113 HEMP GROUP, LLC  
Ref. Number: L20000011537

We have received your document for 113 HEMP GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 820A00007440

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

113 HEMP GROUP

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
20 APR 27 11 48 AM '18  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04-06-2020 and assigned  
Florida document number L20000011537.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

113 GROUP, LLC

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 \_\_\_\_\_~~

*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 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

*(This area is crossed out with a large diagonal line.)*

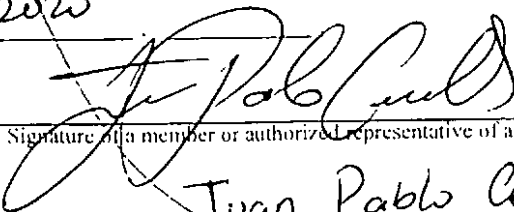
E. Effective date, if other than the date of filing: April 21<sup>st</sup>/2020 (optional)

*(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 April 21<sup>st</sup>/2020



Signature of a member or authorized representative of a member

Juan Pablo Ceballos

Typed or printed name of signee