hal 000 449 280

(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) (Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

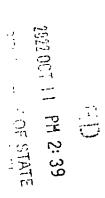
Office Use Only

A RIVERS



200395309592

10/11/22--01017--018 **25.00



COVER LETTER

TO: Registration S Division of Co		,e	
SUBJECT:	diaths Gold	1 LLC	
	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> Haria</u>	Name of Person	
		Firm/Company	
	3115 NW 10	Address Suit	-0 114
	Ft. lauderda	City/State and Zip Code	309
	info@imho E-mail address: (1	O be used for future annual report notifi	fication)
For further information of	concerning this matter, please ca	all:	
Mariam Name o	ANCZ of Person	at (<u>786</u>) <u>606</u> Area Code Daytime	- 5033 e Telephone Number
Enclosed is a check for t	he following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	=

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Call Chaine of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000 LL9280</u> .	any were filed on $\frac{10/4/21}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited MJ Health The new name must be distinguishable and contain the words "Limited I	liability company here: SSOCIATES ILC 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	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	City Sin Code .: gent: decrease to get in this capacity. I further notwee the comply with the
I hereby accept the appointment as registered agent and	plete performance of my duties, and I an Jamiliar with and a provided for in Chapter 605, F.S. Or, if this document is
Ī	f 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

Title	<u>Name</u>	Address 2005 Divinith terr. Ste 114	Type of Action
MGR	Jason Struw	3115 NW 10th terr. Ste /14 ft.Lauderdale Fl 33309	X Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			©Remove
			∏(Chango

If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
.	
-	
Note: If	date, if other than the date of filing:
he record s ord is filed	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 l.
Dated	October 4th 2022.
	Signature of a member or authorized representative of a member
	M(W) (am And Z Typed or printed name of signee