117000220851

		,
(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
- Icih	y/State/Zip/Phone	10.40
(Cit	y/State/Zip/Prioni	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	ne)
		(
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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TALLAHASTTET OF

COVER LETTER

	Registration Se Division of Cor		!		
SUBJEC"		ources, LLC			
SUBJEC	l i	Name of Limi	ited Liability Com	any	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please rett	arn all correspo	ndence concerning this matter	to the following:		
		Kimberly Coarse	i	ļ	
			Name of Po	rson	
		The CBD Sources, LLC	}		
			Firm/Comp	ny	
		1940 Pamlynne Pt			
			Address		
		Windermere, FL 34786	1		
			City/State and Z	ip Code	
		Kimberlycoarse@gmail.com		e annual report notif	Englan)
For furthe	r information co	oncerning this matter, please ca		damuar report nom	ication y
Kimberly	Coarse		407	719-9171	
	Name of	f Person	Area C	ode Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:	:		
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 File Certified (additional of		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	· 2	STREET/COURI Registration Section Division of Corpora Clifton Building 1661 Executive Cer Fallahassee, FL 323	n ations ater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

The CBD Sources, LLC			
(Name of the Limited	Jability Company a	lt now appears on our records.) by Company)	
— (A	Florida Limited Liami	dy Chinpany,	
The Articles of Organization for this Limited Liabs Florida document number L17000220851	ility Company wer	e filed on 10/25/2017	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability	company here:	
			
The new name must be distinguishable and contain the work	ls "Limited Liability C	empany," the designation "LLC" or the abbre-	riation "L.L.C."
			98 (17
Enter new principal offices address, if applicab			2
(Principal office address MUST BE A STREET	<u>ADDRESS)</u> _		- (-)
	_		<u> </u>
Enter new mailing address, if applicable:	1		
	avi .		00
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered offic ce address here: Dustin L. Gahagar		e name of the new
New Registered Office Address:			
	1	Enter Florida street address	
		, Florida	Zip Code
		(Tiry	Zip Code
New Registered Agent's Signature, if changing Ro	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this continuation.	agent and agree r and complete per tered agent as proceed agent as proceed office as thange.	wided for in Chapter 605, F.S. Or, if	this document is ted liability

Page 1 of 3

MGR = N	from our records: Ianager Authorized Member		
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dustin L Gahagan	12316 42nd Ave Dr. West	Add
		Cortez, FL 34215	□ Remove
			Change
			
			□ Remove
			Change
		_	Add
			Remove
	-	Change	
			□ Remove
		☐ Change	
		I	
			□ Remove
<u> </u>		□ Change	
	-	Add	
		□ Remove	
	1	Change	

If amending any other information	on, enter change(s) here: (Atta	ch additional sheets, if necessary.)
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Effective date, if other than the d	ate of filing:	(optional)	
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot be prior to date of the does not meet the applicable stat	filing or more than 90 days after filing.)	Pursuant to 605,0207 (3) vill not be listed as the
the record specifies a delayed of the The Poth day after the record		fective time, at 12:01 a.m. o	n the earlier of:
December 21st	2017		
Dated Dated	,		
	ignature of a member or authorized rep	resentative of a member	
	Imberly (oa	rse	
	Typed or printed name of	of signee	

Page 3 of 3

Filing Fee: \$25.00