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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Name Change

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

And the second

subject: <u>113</u> Н	emp Group	, LLC	
30D0EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Juan Pa	blo Ceballos Name of Person	
-	113 Her	np Group Firm/Company	
		. ,	
	21463	NE 18th PL Address	
	Miami	FL 33179	
	• _	City/State and Zip Code	Com
_	E-mail address: (	to be used for future annual report notice	fication)
For further information conce	erning this matter, please ca	all:	
Juan Pab	lo Ceballos	at ( <u>786</u> ) <u>942</u> – Area Code Daytime	1532
Name of Per	son	Area Code Daytime	e Telephone Number
Enclosed is a check for the fo	dlowing amount:		
□ \$25.00 Filing Fee □	330.00 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 Corp P.O. Box 6327 Tallahassee, FL	orations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810



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## 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

www.sunbiz.org

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	Type of Action
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Filing Fee: \$25.00