L22000089085

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Anthony Mocegui

Phone Number: 305-676-1167

Phone Number: 305-676-1167

Return Address: 12391 Sw 39th St Malli, FC 33175

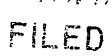
COVER LETTER

TO:

	Registration Se Division of Cor			
SUBJEC	T.	ALINE PURPOSE LLC		
SUBJEC	-1	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ANTHONY R MOCEGUI	ı	
		180	Name of Person	
		THE ALKALINE PURPO	SE LLC	
			Firm/Company	
		3801 SW 117TH AVE #65	51753	
			Address	
		MIAMI,FL 33265		
			City/State and Zip Code	
		mosthighapothecary@gmai		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please c	ali:	
ANTHO	NY R MOCEGU	ונ	305 676-1167	
-	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	rtion
	Division of C		Division of Corp	
	P.O. Box 632	7	The Centre of T	allahassee
	Tallahassee, F	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



THE ALKALINE PURPOSE LLC

2023 AUG 17 AM 9: 13

(Name of the Limited Liability Company as it now appears on our records: CRETARY OF STATE TALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on 1/24/2022 and assigned Florida document number L22000089085 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MOST HIGH APOTHECARY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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>	Address	Type of Action
	·		□Add
		 	□Remove
			Change
			□Remove
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ted	2023		AAI-	· 7/	,					
_			Tilley,	//Kb	Sto					
_		5	Signature of	a member o	authorized	representative	of a memb	er		
بر	NTHONY	R MOCEGU	וע							

Filing Fee: \$25.00