

The Cultivation Center (CC) PD BOX 551295 Tacksondille, FC 32255 PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status Special Instructions to Filing Officer:

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G. MCLEOD

SEP 15 2010

EXAMINER

(Requestor's Name)



300185223073

09/14/10--01018--011 **25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CULTIVATION	<u>N CENTER, I</u>	LC.			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear	s on our records.			
		5/12/2010	.1		
The Articles of Organization for this Limited Liability Company	were filed on	- 5/5/2010-	and assigned		
Florida document number 000180746820					
L100000304) T					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e:</u>			
The new name must be distinguishable and end with the words "Limi 'L.L.C."	ited Liability Compa	ny," the designation "	LLC" or the abbreviatio		
Enter new principal offices address, if applicable:	8450 GATE F	PARKWAY WES			
Principal office address MUST BE A STREET ADDRESS)	JACKSONVI	LLE, FL 32216	7 8 —		
			28 8		
		Ž	A		
Enter new mailing address, if applicable:	PO BOX 551	295 ဋ	× -		
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVI	LLE, FL 32255	S E III		
		OR III			
	ee - 3.3	Ď	M G1		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the ne		
	_				
Name of New Registered Agent:					
New Registered Office Address: 8450 GATE	PARKWAY W	EST			
	Enter Florida street address				
JAC	CKSONVILLE	, Florida	32216		
	City		Zip Code		

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the hmited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	EUMIR R. HOLMES	2055 EMERSON STREET JACKSONVILLE, FL 32202	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	ending any other information, o	enter change(s) here: (Attach additional sheets, if necessar 7-2546915	·y.)
-			
Dated	SEPTEMBER 8	, 2010	
	Signature	of a member or authorized representative of a member	
		CHARLES FLANTROY II Typed or printed name of signee	

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Filing Fee: \$25.00