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### Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SIID INCT.

# Medicine Man Development LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for fling.

Picase return all correspondence concerning this matter to the following:

A. Michael Lee, Esq.

Name of Person

Jones Day

Firm/Company

1420 Peachtree Street, N.E, Suite 800

Addres

Atlanta, GA 30309

City/State and Zip Code

alee@lonesday.com

H-mail address: (to be used for future samual report notification)

For further information concerning this matter, please call:

A. Michael Lee, Esq.

..404.581-3939

Name of Person

Area Code & Daytime Telephone Number

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MAYLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassoc, FL 32301

BISHIE 6 M. S. O.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDICINE MAN DEVELOPMENT LLC

(Name of the Limite	d Liability Comme A Florida Limited	any as it now appears ( Liability Company)	in out tecordy)		
The Articles of Organization for this Limited Plotida document number <u>L13000055153</u>	Liability Company	y were filed on April	14, 2013 and assigned		
This amendment is submitted to smend the fol	lowing:		•		
A. If amending name, enter the new name:	of the limited liab	bility company here:			
The new name must be distinguishable and end w	ith the words "Lim	ited Liability Company	"the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		240 1st Avenue S			
(Principal office address MUST BR A STREET ADDRESS)		St. Petersburg, Florida 33701			
Enter new mailing address, if applicable:		240 1st Avenue	s		
(Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg, Florida 33701			
B. If amending the registered agent and/ relistered agent and/or the new registered or			records, enter the name of the new		
Name of New Registered Agent:	CT Corporation System				
New Registered Office Address:					
•		Enter 1	Florida street address		
	Plantation		, Florida 33324		
		City	Zip Code		
lme Registered Agent's Signature, if changing I	THE DATE OF THE PARTICULAR				

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, P.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

Page 1 of 3

Nathan S. Giffin Asst. Secretary

MGR = Manager

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If amending the Managars 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:

MGRM = Managing Member <u>T(tle</u> Name Address Type of Action MGR 3550 Buschwood Park Dr. Darren Wagner Suite 110 Tampa, Florida 33618 MGR 240 1st Avenue S. Medicine Man Manager LLC St. Petersburg, Florida 33701

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Williams of the Man
Dated August 15 , 2013	OF.
Signature of a member or authorized representative of a member  Typed or printed name of signeo  Page 3 of 3  Filing Fee: \$25.00	