Division of Corporations

Florida Department

Division of Corporations **Electronic Filing Cover Sheet**

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN THUMB INVESTMENT, LLC

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TO:

Registration Section

To:

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Green Th	umb Investment, LLC		,
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
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			Address	······································
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			City/State and Zip Code	
		klwitt100@msn.com		
		E-mail address: (t	to be used for future annual report not	ification)
For further in	formation co	oncerning this matter, please ca	dl:	
imelda Va	squez		323 962-8600	ext 7950
	Name of	Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
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MAILING 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 Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Green Thumb Investment, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our reco ida Limited Liability Company)	rds,)
The Articles of Organization for this Limited Liability	Company were filed on 01/21/2014	and assigned
Florida document number L14000010423		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Green Thumb Investments, LLC		
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	* • • • • • • • • • • • • • • • • • • •	
(Maning autress INAT DEAFORT OFFICE BOA)		
B. If amending the registered agent and/or reg	istered office address on our recor	ds. enter the name of the ne
registered agent and/or the new registered office ad		
•		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	522
	, F	Jorida
€11 TEA 10 €	City	Zip Code

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

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
	A STATE OF THE PARTY OF THE PAR		□ Add
			Remove
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If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or file the date this document is filed by the Florida Department of State)	(optional) led date and cannot be more than 90 days after
Dated	oon *
Lanu L With	-
Karen L Witt	rized representative of a member
Typed or printed	

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Filing Fee: \$25.00

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