

L14000020886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

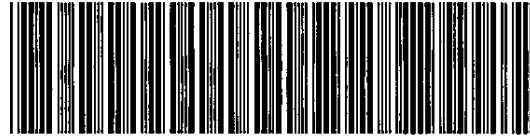
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
FEB 19 2014  
FALCON HEIGHTS, TEXAS

J. Blivens FEB 20 2014

**Law Offices of  
David R. Thomas, L.L.C.**

544 U.S. Highway 90 East  
Post Office Box 663  
DeFuniak Springs, Florida 32435  
[www.waltonlaw.org](http://www.waltonlaw.org)

850-892-0700  
[dave@waltonlaw.org](mailto:dave@waltonlaw.org)

Fax: 850-892-0996  
[ernie@waltonlaw.org](mailto:ernie@waltonlaw.org)

February 11, 2014

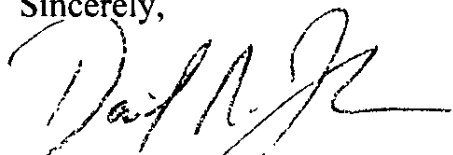
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Amendment  
No: L14000020886

Dear Sir/Madam:

Please accept this amended application to correct spelling of my Limited  
Liability Company filed on February 6, 2014.

Sincerely,

  
David R. Thomas, Esquire  
DRT/er

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLORIDA FIRST MEDICAL MARIJUANA BUSINESS CONSULTANT LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DAVID R THOMAS

Name of Person

LAW OFFICES OF DAVID R THOMAS

Firm/Company

544 US Hwy 90 E

Address

DEFUNIAK SPRINGS, FLORIDA 32433

City/State and Zip Code

ernie@waltonlaw.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID R THOMAS

Name of Person

at ( 850 ) 892-0700

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

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

**FLORIDA FIRST MEDICAL MARIJUANA BUSINESS CONSULTANT LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 6, 2014 and assigned Florida document number L14000020886.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**FLORIDA FIRST MEDICAL MARIJUANA BUSINESS CONSULTANTS LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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*

*City*

*, Florida*

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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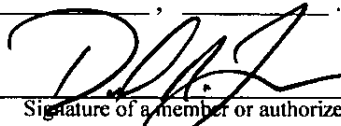
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **FEBRUARY 11**, **2014**

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**DAVID R THOMAS**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

14 FEB 18 14:00:24  
STATE OF FLORIDA  
TALLAHASSEE