## L14000076430

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## COVER LETTER .

TO: Registration Section Division of Corporations	
SUBJECT: Elightened Strain Holdings 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:	
Ryan Scotson	
Name of Person	
Elightened Strain Holdings	
Firm/Company	
4606 Woodlands Village Drive	
Address	
Orlando, FL 32835	
City/State and Zip Code	20 2
mcsquared.florida@gmail.com	<b>VIII MY 28</b> SEGRETAR ALLAHASS
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	28 AR (SS
Ryan Scotson321 _297-8960	
Name of Person Area Code Daytime Telephone Number	99 13

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

Elightened Strain Holdings LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000076430</u> .	were filed on April 29th, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Enlightened Strain Holdings LLC.		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	4606 Woodlands Village Drive	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32835	<del>20. <b>2</b></del>
Enter new mailing address, if applicable:	4606 Woodlands Village Drive	WE IVA
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32835	70 1
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter t</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
<del> </del>	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

AMBK = A	AMBR = Authorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard A. Furman	P.O. BOX 3505 WINTER PARK, FL 3279	00 □ Add
			■ Remove
AMBR	Richard A. Furman	P.O. BOX 3505 WINTER PARK, FL 3279	 0 ■ Add
			□ Remove
	·		
			Remove 00
			100 A
			_□ Remove
		<u>·</u>	— □ Add
			_□ Remove
			_
			□ Add
			_□ Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
(The effect	re date, if other than the date of filing:
Dated N	May 27th, 2014
Dated	
	Signature of a member or authorized representative of a member
	Ryan Scotson Typed or printed name of signee
	types of printed name of signed

Page 3 of 3

Filing Fee: \$25.00