

45000055949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

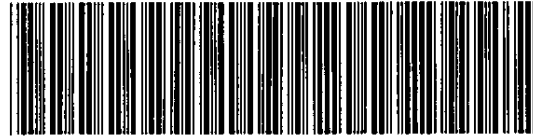
(Business Entity Name)

(Document Number)

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FILED
SEP 26 2016
16 SEP 26 AM 9:48
FBI - MEMPHIS

SEP 27 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MED CAN, LLC Amendment of Articles of Organization originally dated 3/30/2015
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:

Mark Moore, MD

Name of Person

MEDCAN, LLC

Firm/Company

Box 12517

Address

Tallahassee, Florida 32317

City/State and Zip Code

doctor@med-can.com

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

For further information concerning this matter, please call:

Mark Moore, MD

850

222-2222

at ()

Name of Person

Area Code

Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2016

MARK MOORE
BOX 12517
TALLAHASSEE, FL 32317

SUBJECT: MED CAN, LLC
Ref. Number: L15000055949

2016 SEP 26 PM 4:52
TALLAHASSEE - 66007

We have received your document for MED CAN, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00017205

16 SEP 26 AM 9:49
DIVISION OF STATE
CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2016

MARK MOORE
BOX 12517
TALLAHASSEE, FL 32317

SUBJECT: MED CAN, LLC
Ref. Number: L15000055949

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2016 SEP -6 AM 9:13

We have received your document for MED CAN, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00017205

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA
2016 SEP 26 AM 9:48

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

MED CAN, 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 3/30/2015 and assigned
Florida document number L15000055949.

This amendment is submitted to amend the following:

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

MEDCAN, LLC

The new name must be distinguishable and contain 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

_____, **Florida**
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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
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_____	_____	_____	<input type="checkbox"/> Change

16 SEP 26 AM 6:48

14511
STATE
ADMINISTRATIVE

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

please change Article III from current statement of: "any and all lawful business" to read as follows:

"ANY AND ALL BUSINESS DETERMINED TO BE LEGAL IN THE STATE OF FLORIDA TO INCLUDE
BUT NOT LIMITED TO THE EVALUATION OF PATIENTS FOR THE COMPASSIONATE USE OF
APPROVED MEDICATIONS TO ALLEVIATE SUFFERING AND HELP PEOPLE FEEL BETTER.

E. Effective date, if other than the date of filing: July 4, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

9/22/2016

2016

Signature of a member or authorized representative of a member

AUTHORIZED REPRESENTATIVE
FOR MEDICAL, LLC.

MARK MOORE, MD Authorized Member 8/9/2016

Typed or printed name of signee

16 SEP 26 AM 9:48