15000132561

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COVER LETTER

C & C An	othecary, LLC		
SUBJECT:		ited Liability Company	
		, , ,	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kathy Oliver		
		Name of Person	
	C & C Apothecary, LLC		
		Firm/Company	
	1045 Collier Center Way #	8	
		Address	
	Naples, FL 34110		
		City/State and Zip Code	
	koliver@goodcatlabs.com		
	E-mail address; ()	o be used for future annual report notific	cation)
For further information	concerning this matter, please ca	il:	
Clinton Woodside		320 552-0846	
Name of Person at () Area Code Daytime Telephone Num		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 tadditional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

C & C Apothecary, 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 $\frac{8/30/2015}{1}$ and assigned Florida document number <u>1.15000132561</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.1.C." C & C Apothecary, LLC Enter new principal offices address, if applicable: 1045 Collier Center Way #8 (Principal office address MUST BE A STREET ADDRESS) Naples, FL 34110 C & C Apothecary, LLC Enter new mailing address, if applicable: 1045 Collier Center Way #8 (Mailing address MAY BE A POST OFFICE BOX) Naples, FL 34110 B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Darin Shawn Hall	e/o 1440 Rail Head Boulevard #5	= Add
		Naples, FL 34110	□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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			SSS 44
			FLORIA PRemove
			□ Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mor	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or mor lote: If the date inserted in this block does not meet the applicable statutory filing (e than 90 days after filing.) Pursuant to 60 requirements, this date will not be lis)5.020 sted a
ocument's effective date on the Department of State's records.	·	
e record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	ne, at 12:01 a.m. on the earl	ier c
rated June 30		
Mary Car	f a member	

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Typed or printed name of signee

Filing Fee: \$25.00