

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALIGNED HEALTH SYSTEMS, LLC**

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|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

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

ALIGNED HEALTH SYSTEMS, 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 12/15/2015 and assigned
Florida document number L15000206111.

This amendment is submitted to amend the following:

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

Village Medical Cannabis 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)

14520 N DALE MABRY HWY,

Suite 326

TAMPA, FL 33618

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 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> |
|--------------|--|-----------------|--|
| MGR | HCP UNITED LLC | P.O. BOX 271386 | <input type="checkbox"/> Add |
| | | TAMPA, FL 33688 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Reliance Healthcare Management Solutions LLC | P.O. BOX 271406 | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33688 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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APPROVED AND FILED
 2014 JUN 28 P 12:4
 ALBANY COUNTY CLERK

2019 JUN 28 PM 12:45

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AND
FILED

2019 JUN 28 PM 12:45

Effective date, if other than the date of filing: _____ (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.

Dated June 28th, 2019

Signature

Signature of a member or authorized representative of a member

Carlos M. Alvarez, Attorney-in-Fact

Typed or printed name of signer