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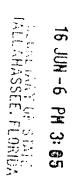
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
CUD ID		TIONAL CANNABIS INDUS	TRY ASSOCIATION, LLC	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		R J RODRIGUEZ		
			Name of Person	
			Firm/Company	
		2506 LUDLAM RD		
			Address	
		MIAMI, FL 33155		
			City/State and Zip Code	
		RICK@INTCIA.COM		
			to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
R J RO	DRIGUEZ		305 668-8585 at ()	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne 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:

TO:

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

INTERNATIONAL CANNABIS INDUSTRY ASSOCIATION, 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 DEC. 18, 2015 _ and assigned Florida document number _____L15000210042 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2506 SW 67TH AVE Enter new mailing address, if applicable: MIAMI, FL 33155 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the nantes 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

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

Florida

Zip Code

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>	Address	Type of Action
AMBR	VNR GROUP, LLC	2506 SW 67TH AVE	
		MIAMI, FL 33155	Remove
			☐ Change
AMBR	BENT HOLDINGS LLC	3921 ALTON RD STE 120	■ Add
		MIAMI BEACH, FL 33140	☐ Remove
			☐ Change
	<u> </u>		Add
	•		Remove Charge SSEE Add
			FLORE Remove
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		APRIL 20), 2016			دىن		
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record specifies a The 90th day after			not an effectiv	e time, at 12	:01 a.m. or	the	earlier	rc
		2016	·					
JUNE 2,								
ated	Signature	of a member or aut	thorized representa	ntive of a member			_	

Page 3 of 3

Filing Fee: \$25.00