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SECRETARY OF STATE

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# **COVER LETTER**

Division of Corporations	
SUBJECT: Dynamic Hemp 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:	
Jarrd S. Cohen Name of Person	
Dynamic Hemp LLC Firm/Company	
21221 Squmill Ct.	
Boca Raton, Fl. 33498  City/State and Zip Code  Jascd, Cohen 6 P. gmail. 10m  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	226
Name of Person at (561) 302-7360 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	. O.
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 F	of Status &

### MAILING ADDRESS:

TO:

**Registration Section** 

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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
	1 1
The Articles of Organization for this Limited Liability Company w	ere filed on 04/07/Jo16 and assigned
Florida document number <u>L16000064393</u> .	7 7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
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)	
D. If amonding the conjectured areas and so the conjectured of	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
	7A2:
Name of New Registered Agent:	A 20 Hz
New Registered Office Address:	SSEA
New Registered Office Address.	Enter Florida street address
	, Florida —
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	جز ا
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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
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ctive date, if other th	an the date of fil	ino:		(optional)	
effective date is listed, the degree of the date inserted in	late must be specific	and cannot be prior to d		an 90 days after filing.) I	
ument's effective date or			statutory minig req	unements, this date w	in not be listed t
record specifies a de ne 90th day after th	elayed effective ne record is file	e date, but not a d.	n effective time	, at 12:01 a.m. oi	n the earlier
·					
ed April 12th	1 	., <u>2016</u>			
4	K. ()	(11)			
		090	ed representative of a		

Page 3 of 3

Filing Fee: \$25.00