## L16000114518

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations					
SID IECT.	Cannafera,	LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		Ross Hagen					
			Name of Person				
		Cannafera, LLC					
		Firm/Company					
16601 Amazon Lane					SECRE		
	Address					RETARY OF ANASSEE,	=
Fort Myers, FL. 33908						新 <b>一</b>	ini ini
		rsshgn7@gmail.com	City/State and Zip Code			FLORIE STATI	FILED,
		E-mail address: (	to be used for future annual	report notification	n)	¥''' -	
For further in	nformation co	oncerning this matter, please ca	all:				
Ross Hagen				6-1731			
	Name of	f Person	at () Area Code	Daytime Telep	ohone Number		
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		Certified	e of Status &	
	Registra	ING ADDRESS: ation Section n of Corporations ox 6327	Registrat	I'/COURIER Alion Section of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cannafera, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L16000114518	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	-	TS 6		
(Principal office address MUST BE A STREET ADDRESS)		= <del>8                                   </del>		
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 here		ARY OF STATE  The name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
A TOWN A	Enter Florida street address			
	, Florida _	Zip Code		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and r, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
MGR	J. Ross Hagen	16601 Amazon Ln, Fort Myers, FL	Add
		33908	□ Remove
			Change
MGR	Erika Kiss	7720 Nightwing Cir, Fort Myers,	
		FL. 33912	☐ Remove
			☐ Change
		Re	Add
			Remove
			∑S Change
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in thi ocument's effective date on the	must be specific and s block does not a	d cannot be prior t meet the applica		r more than 90 day				
e record specifies a dela The 90th day after the			an effectiv	e time, at 12	:01 a.m. on	the e	earlier	· of
ated		2016						
	$\overline{C}$	M	_	ive of a member				
		, WI						

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Filing Fee: \$25.00