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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CANNA ENTERPRISES, L.L.C.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANNA ENTERPRISES, L.L.C.				
(Name of the Limited Liability (A Plorida L	Company as it now apper imited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Cor Florida document number L16000209933	npany were filed on _	NOVEMBER 16, 2016	_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company	<u>here</u> ;		
The new name must be distinguishable and contain the words "Limite	d Liubility Company," the	designation "LLC" or the abbre	viation IIIC	; 30.23.4
Enter new principal offices address, if applicable:			<b>X</b>	7.h 38.
(Principal office address MUST RE A STREET ADDRE	S.S.>		1	557
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			<u> </u>	8.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			2	<u> </u>
muning data ess may be a kost of the Boat		<del></del>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		on our records, <u>enter th</u>	e name of	the new
New Registered Office Address:	Enter Fl	lorida street address		<del></del>
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	gent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered ages being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance ( nt as provided for in	of my duties, and I am fam Chapter 605, F.S. Or, if t	illiar with a this docume	ind
	.;			_
ì	If Changing Registered /	Agent, Signature of New Regist	ered Agent	

\_☐ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records;

AMBR = Authorized Member Title <u>Address</u> Type of Action Name MGR ERIC J. WASSELL 1245 COURT STREET, STE 102 ■ Add CLEARWATER, FL 33756 □ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add □ Remove □ (Hange □ Add □ Remove

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Sective date, if other that an effective date is listed, the dote: If the date inserted in	this block does not a	meet the applicable	ate of filing or more the statutory filing requ	(optional) in 90 days after filing.) Pur pirements, this date will	suant to 605.020 not be listed as
record specifies a de The 90th day after th	layed effective of record is filed.	date, but not a	n effective time,	at 12:01 a.m. on	the earlier o
record specifies a de The 90th day after th	layed effective e record is filed	date, but no <b>t a</b> 2017	n effective time,	at 12:01 a.m. on 9	17
record specifies a de The 90th day after th	layed effective e record is filed	•	n effective time,	at 12:01 a.m. on 9	the earlier of
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record specifies a de The 90th day after th	e record is filed. Signature of a	2017 member or authoriz	n effective time,	nember :	17

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