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COVER LETTER

TO:		istration Session of Cor				
CEID ED		Cannabis C	linicians LLC.			
SUBJE	CI:	T:Name of Limited Liability Company				
The encl	losed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn	all correspon	ndence concerning this matter	to the following:		
			Remon Aziz			
			p. a. (m. 1, p. 1,	Name of Person		
				Firm/Company		
			6815 Biscayne Blvd.			
				Address		
			Miami, FL. 33138			
			Admin@mmthca.com	City/State and Zip Code		
				to be used for future annual report noti	fication)	
For furth	her in	formation co	oncerning this matter, please c	all:		
Remon	Aziz			305 215-7305 at ()		
	,	Name of	f Person		e Telephone Number	
Enclose	d is a	check for th	e following amount:		2017 FEB SECNETY ALLAHA	
\$25.	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cannabis Clinicians LLC.		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Clorida document number L17000012265	Company were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
FL. Medical Enterprises LLC.		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
• •	NRCC)	<u> </u>
Principal office address MUST BE A STREET ADL		
		, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	to the state of th	
B. If amending the registered agent and/or reg	·	/ /2
o. It amending the registered agent and/or reg registered agent and/or the new registered office ad		er the name of the
egistered agent and/or the new registered office ad	int cas here.	
	55	
Name of New Registered Agent:	m	
Nov. Bogistand Office Address	, -	
New Registered Office Address:	Enter Florida street address	
	<u>-</u>	ヹ 生
	, Florida	Zin Code
	t.IIV	Lin 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 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

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
				Add
				□ Remove
				Change
				Add
				Remove
		****		Change
				Add
		R	Remove	
				Change
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			FEB + 7 (ETARY) HASSEI	Remove
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ctive date, if other than t			(optional)	
	must be specific and cannot be prior block does not meet the application.			
	Department of State's records			
ecord specifies a delay e 90th day after the r	yed effective date, but no ecord is filed.	ot an effective time, a	at 12:01 a.m. on the ϵ	arlier
February 1	, 2017	\triangle		
		\		

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Typed or printed name of signee

Filing Fee: \$25.00