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(City/State/Zip/Phone #)

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APR 18 2017
S. YOUNG

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TALLAHASSEE, FLORIDA
17 APR 17 PM 3:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Comfort Marijuana Clinic 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:

Bret McCain

Name of Person

Southern Comfort Marijuana Clinic LLC

Firm/Company

3021 Fairway Drive

Address

Fort Pierce, FL 34982

City/State and Zip Code

bret@SoCoMMJclinic.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Bret McCain 772 218-0731
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
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

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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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Filing Fee: \$25.00