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COVER LETTER

TO: Registration Se Division of Con				
Southern C SUBJECT:	omfort Marijuana Clinic LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	·		
	Bret McCain			
		Name of Person		
	Southern Comfort Marijua	na Clinic LLC		1
		Firm/Company	· * * * * * * * * * * * * * * * * * * *	17 ALE
	3021 Fairway Drive	•		APR
		Address		17
	Fort Pierce, FL 34982			17 APR 17 PM 3: 19
		City/State and Zip Code		ယ္ —
	bret@SoCoMMJclinic.com E-mail address: (to be used for future annual report notif	ication)	9
For further information of	oncerning this matter, please c		,	
Bret McCain		772 218-0731		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Southern Comfort Marijuana Clinic LLC		
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number 1.17000045089	lity Company were filed on 2/27/17 and as	ssigned
This amendment is submitted to amend the followin	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	A SE
Southern Comfort Healthcare LLC		7
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation	可 557
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	FOR
		<u> </u>
		19
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name address here:	of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
_	City Zip Code	
New Registered Agent's Signature, if changing Regis	stored 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

<u> Çitle</u>	<u>Name</u>	Address	Type of Action
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			Change
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Effective date, if other than the an effective date is listed, the date minutes. If the date inserted in this becoment's effective date on the I	lock does not mee	et the applicab	date of filing or le statutory fili	more than 90 day ng requirement	(optional) s after filing) Pursua s, this date will no	ant to 605.0207 of be listed as	(3)(the
e record specifies a delaye The 90th day after the re		e, but not a	an effective	time, at 12	01 a.m. on th	e earlier of	f:
April 17		2017					
Dated	, .		.•				
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Page 3 of 3

Filing Fee: \$25.00