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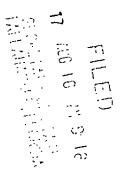
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COVER LETTER

TO:	Registration So Division of Cor			
SUBJEC		ni Beach Botanicals, LLC		
SOBSER	···	Name of Lim	nited Liability Company	
		Amendment and fee(s) are sub ondence concerning this matter	_	
		Terese Cerna Driscoll		
			Name of Person	
		Surterra Holdings Inc.		
			Firm/Company	
		3340 Peachtree Road, NE,	Ste. 1010	
			Address	
		Atlanta, GA 30326		
		teernadriscoll@surterrahole	City/State and Zip Code	
		_	to be used for future annual report notif	lication)
For furth	ner information e	oncerning this matter, please c	all:	
Terese (Cerna Driscoll		404 920 4890. ex	
Enclosed		of Person the following amount:	at () Area Code Daytime	e Telephone Number
	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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWC Miami Beach Botanicals, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on April 3, 2017	and assigned
Florida document number L17000075101		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		er the name of the r
registered agent and/or the new registered office ad	idress nere:	
		10 TILE
Name of New Registered Agent:		- T
New Registered Office Address:		
	Enter Florida street address	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	, Florida	Zin Code
	City	Zin 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
MGR	Surterra Holdings, LLC	1639 Village Square Blvd	
		Tallahassee FL 32309	Remove
			Change
MGR	Surterra Florida, LLC	WeWork c/o Surterra Florida	= Add
		1175 Peachtree St. NE, Atlanta, GA 30361	☐ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			Remove Ti
		 .	Change
			Add
			Remove
			☐ Change

ote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.	
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The 90th day after the record is filed. August 14 2017 August 14 2017	fective date, if other than the date of filing: n 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 605.00 tee; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.
red	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.
RNB	August 14 2017
Signature of a member or authorized representative of a member	ted,,
Signature of a member or authorized representative of a member	DND.
	Signature of a member of a member

Page 3 of 3

Filing Fee: \$25.00