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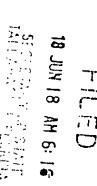
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R. WHITE

COVER LETTER

TO: Registration So Division of Co			
SHRIBCT:	Simplified Name of Lim	Spaces of Napo ited Liability Company	oles
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	andence concerning this matter	to the following:	
	Deni	se Champagne Name of Person	
		Firm/Company	
	7482	Florentina W	lay
	<u>Naples</u>	FL 34//3 City/State and Zip Code	
	DENIS E-mail address: (ECHAM @ AOL.Co	OM ication)
For further information of	concerning this matter, please ca	all:	
		at () Area Code Daytime	Till about Musik
Name c	of Person	Afea Code Dayume	e Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Conv (additional copy is enclosed)	☐ \$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 Tallabassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION FILED OF TRUNKS IN C

18 JUN 18 AM 6: 16

(Name of the Limited Liability Compart) (A Florida Limited Li	y as it now appears on ability Company)	our records.
The Articles of Organization for this Limited Liability Company v Florida document number <u>L170000885</u> 46	vere filed on <u>A</u>	oril 20, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil CBD of Naples, LLC The new name must be distinguishable and contain the words "Limited Liability".		
	y Company," the design	ation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	reet address
	Cîty	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my crovided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is

recomming to a training Samuel Champion 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 Memb	ber		

<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			☐ Remove
			☐ Change
			[] Add
			Remove
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Filing Fee: \$25.00