L17000697778

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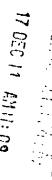




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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	maMD Flor	ida LLC	,
		ited Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RYAN	ScOTSON Name of Person	
		Name of Person	-
	Cann	aMD Fland Firm/Company	da LLC.
•	6648 P.	rson Brown	Drive
•	ryan E-ngil address: (1	City/State and Zip Code MyCanno to be used fulfuture annual rep	and com
For further information co	ncerning this matter, please ca	•	,
RYANSIO	1		178960 Daytime Telephone Number
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	2 following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ CannaMD FL	ORIBA	LLC.		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now a ted Liability Comp	ippears on our records. Dany))	
The Articles of Organization for this Limited Liability Comp. Florida document number $\underline{L1700093778}$	any were filed o	on 4/27/1	7 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability compa	ny here:		
The new name must be distinguishable and contain the words "Limited L	iability Company,`	`the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		17 × SE	
			<u> </u>	•
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 registered agent and/or the new registered office address l	l office addres here:	s on our records,	enter the name of the nev	·,` <u>v</u>
Name of New Registered Agent:				
New Registered Office Address:	Ente	r Florida street address		
		, Flor	ida	
	City	, 1101	Zip Code	
Maria Para Para Para Para Para Para Para				

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>	Name	Address	Type of Action
AMBR	SLT3 HOLDINGS, LLC	2140 S. Dupont Hwy	X Add
		Camden, DE 19934	Remove
			Change
-			
			□ Remove
•			Remove
			Change
•			D Add
			Remove
			Change
			
•			□ Remove
			Change
<u>-</u>			🗆 Add
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tive date, if other than the ffective date is listed, the date must If the date inserted in this blument's effective date on the D	st be specific and cock does not me	cannot be prior to da cet the applicable	ate of filing or more the statutory filing req	(optional) an 90 days after filing uirements, this date	.) Pursuant to 605.03	207 (3) as the
ecord specifies a delayed e 90th day after the rec	d effective da ord is filed.	ite, but not ar	n effective time	, at 12:01 a.m.	on the earlier	of:
1 December	8th	2017				
	15	mber or guthorize	d representative of a	nember		
	15	mber or guthorize	d representative of a	nember		

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Filing Fee: \$25.00