## L17000135190

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.
1

Office Use Only



700306980407

12/26/17--01014--006 \*\*25.00

EGGETT 27 TO

17 DEC 26 AN 9:35

## **COVER LETTER**

	, gistration Sec vision of Corp			
SHD IECT.		ENT CDB, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		MICHAEL WALSH		
			Name of Person	
		LAW OFFICE OF MICHA	AEL WALSH	
			Firm/Company	
		5301 NORTH FEDERAL	HIGHWAY, SUITE 215	
			Address	
		BOCA RATON, FLORID	A 33487	
			City/State and Zip Code	
		MWALSH7700@GMAIL.		
Cae fuethar i	nformation o		to be used for future annual report notifi	cation)
ror iunner i	mormation co	oncerning this matter, please or	an:	
MICHAEL	WALSH		561 584-4939	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		i
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TØ:

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

PURE POTENT CDB, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number L17000135190	were filed on 06/21/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
PURE POTENT CBD, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	361 FOREST HILLS BLVD. NA	PLESEPL34 🕰
Principal office address MUST BE A STREET ADDRESS)		
		m on im
nter new mailing address, if applicable:		" <b>全</b> U
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		္ တ ———————
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.  Name of New Registered Agent:		enter the name of the
		<del></del>
New Registered Office Address:	Enter Florida street address	
	F1	4
	, Florid	1a Zip 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

MGR = M AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<del></del>	☐ Remove
			☐ Change
			□ Add
			□ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change.

- NAME WHICH IS PURE POTENT CBD. LLC. ALL OTF	HER INFORMATION REMAINS THE SAME.
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
	A
	÷ . C
	::: න
	· · · · · · · · · · · · · · · · · · ·
	36 ****
- 1 - 1	
ive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 60.
ent's effective date on the Department of State's records.	sautor, miligrequirements, this date will like be his
cord specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earli
90th day after the record is filed.	
12/10/17	
	<u>.</u> -

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00