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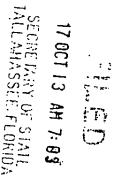
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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OCT 1 6 2017 J SHIVERS

COVER LETTER

National M	fedical Marijuana Card, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jason A. Kahan		
		Name of Person	
	National Medical Marijuar	na Card Services, LLC	
		Firm/Company	
	2625 NW 31st ST		
		Address	
	Boca Raton, FL 33434		
		City/State and Zip Code	
	jason@nationalmedicalmari	=	
	E-mail address; (to be used for future annual report notifi	ication)
For further information (concerning this matter, please ca	ıll:	
Jason A. Kahan		202 491-5071	
Name (of Person	at ()	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 Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status a Certified Copy tadditional copy is enclose

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

pany as it now appears on our records.) d Liability Company)	
ny were filed on October 5, 2017	and assigned
ability company here:	
ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
 	
office address on our records on	the serie of the
	iter site name of the
 -	CR
	<u> </u>
	$\omega \simeq \omega$
Enter Florida street address	O AM PRO
Enter Florida street address Florid:	AM 7:0

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Remove
			□ Remove
			Add
			☐ Remove
			☐ Change
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record specifies a delayed The 90th day after the reco			ut not a	n effecti	ve time, a	t 12:01 a	.m. on t	he ear	rlier
October 9		2017							
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee