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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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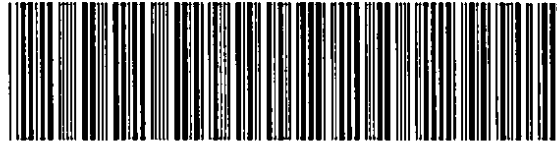
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S. WARREN

FEB 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C Weed Capital LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Vaccaro

Name of Person

C Weed Capital LLC

Firm/Company

18911 Collins Ave, apt 1603

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

charlesvac@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Vaccaro

516

474-8080

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 &
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

Dr. if this document
limited liability
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Registered Agent
ORDAN

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 31 2018


Signature of a member or authorized representative

Charles Vaccaro

Typed or printed name of signee

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