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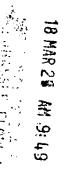
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COVER LETTER

TO: Registration S Division of C			
Akasha B			
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Blake Matthews		
		Name of Person	
	Akasha Botanics, LLC		
		Firm/Company	
	6161 Robinson Street		
		Address	
	Jupiter, FL 33458		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Blake Matthews		561 891-8345 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Akasha Botanics, LLC				
(Name of the Limited I (A F	iability Compa Iorida Limited I	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liabi	lity Company	were filed on November 9	9, 2017	_ and assigned
Florida document number L17000232178	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company here:		
Caexs, LLC				
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		5500 Military Trail	<u></u> .	
Principal office address MUST BE A STREET A	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: Suite 22-130 Jupiter, FL 33458 mailing address, if applicable: Suite 22-130 Jupiter, FL 33458 mailing address, if applicable: Suite 22-130 Jupiter, FL 33458 mailing address MAY BE A POST OFFICE BOX) Jupiter, FL 33458 mending the registered agent and/or registered office address on our records, enter the name of the name of New Registered Office address here: Source of New Registered Agent:			
	<u> </u>	Jupiter, FL 33458		
Enter new mailing address, if applicable:		5500 Military Trail)	₹ ₹
Caexs, LLC The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESSES AND A STREET ADDRESSES A STREET ADDRESSES A STREET ADDRESSES AND A STREET ADDRESSES A STREET A STREET ADDRESSES A STREET ADDRESSES A STREET ADDRESSES A STREET ADDRESSES A STREET A STREET A STREET ADDRESSES A STREET A STREET ADDRESSES A STREET A ST	X)	Suite 22-130	3	70
		Jupiter, FL 33458		<u> </u>
				3 17
			cords, enter th	-
Name of New Registered Agent:	·····			
New Registered Office Address: 5	pal offices address, if applicable: address MUST BE A STREET ADDRESS) In gaddress, if applicable: MAY BE A POST OFFICE BOX) The registered agent and/or registered office address on our records, enter the iname of the new and/or the new registered office address here: New Registered Agent: Since 22-130 Jupiter, FL 33458 New Registered Agent: Since 22-130 Since 22-130			
		Enter Florida street	address	
<u></u>	upiter		, Florida	·
		City		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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
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ective date, if other than then a effective date is listed, the date must be the date inserted in this blument's effective date on the D	st be specific and cannot be prior to lock does not meet the applical epartment of State's records.	o date of filing or more to tole statutory filing rec	quirements, this date	g.) Pursuant to will not be	listed
record specifies a delayed The 90th day after the rec	deffective date, but not ord is filed.	an effective time	e, at 12:01 a.m.	on the ea	arlier
March 22	2018				
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Filing Fee: \$25.00