

L17000257665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

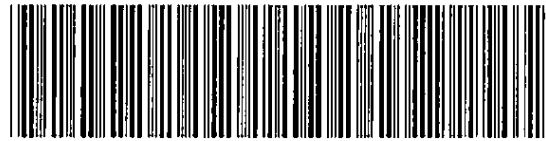
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



000332396330

08/07/19--01004--016 **25.00

19 AUG -6 PM 4:40
RECEIVED
MAIL

APPROVED
AND
FILED
2019 AUG -6 AM 8:48
T. GLASS

T GLASS

AUG 07 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 242 CANNABIS, 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:

Devon Nunneley

Name of Person

The Lockwood Law Firm

Firm/Company

106 E. College Avenue, Suite 810

Address

Tallahassee, FL 32301

City/State and Zip Code

devon@lockwoodlawfirm.com

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

For further information concerning this matter, please call:

Devon Nunneley

850
at ()

727-5009

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

APPROVED
AND
FILED

2019 AUG -6 AM 8:48

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

242 CANNABIS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/18/2017 and assigned
Florida document number L17000257665.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

18770 N COUNTY ROAD 225

(Principal office address MUST BE A STREET ADDRESS)

GAINESVILLE, FL 32609

Enter new mailing address, if applicable:

18770 N COUNTY ROAD 225

(Mailing address MAY BE A POST OFFICE BOX)

GAINESVILLE, FL 32609

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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, 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>
MGR	VICTOR MANCEBO	18770 N COUNTY ROAD 225 GAINESVILLE, FL 32609	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Liberty Health Sciences USA LTD	18770 N COUNTY ROAD 225 GAINESVILLE, FL 32609	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 AUG - 6 AM 8:48

APPROVED
AND
FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2019 AUG -6 AM 8:
07:00

APPROVED
AND
FILED
2019 AUG -6 AM 8:48
FBI - MEMPHIS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated August 6 2019

/s/ Devon Nunneley

Signature of a member or authorized representative of a member

Devon Nunneley

Typed or printed name of signee