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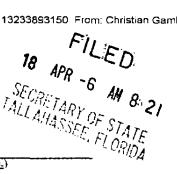
TO:		istration Sec sion of Corp				,
CITO TR	·~T.	VERDAN'	THERBALS, LLC		•	
SUBJE	sC1; _	<u></u> _	Name of Lim	ited Liability Company		
The end	closed	Articles of	Amendment and fec(s) are sub-	mitted for filing.		
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Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

50 m

er:

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



QQ,

VERDANT HERBALS, 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 Comp	any were filed on 12/27/2017	and assigned
Florida document number L17000262232	i. D	
This amendment is submitted to amend the following:	ŧ	
A. If amending name, enter the new name of the limited]	iability company here:	
Herbality, LLC	5 mg	
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	4-4	
B. If amending the registered agent and/or registered	l office oddrace on our records	anter the name of the no
registered agent and/or the new registered office address		care the mante of the he
	₽	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
•	, Flor	ida
	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

Page 1 of 3

10000

_□ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member . **-Title Name Address Type of Action □ Remove □ Add 33 L.D. 34 7777 □ Add _□ Remove _ Add □ Remove ٠. ٠ ☐ Add

Page 2 of 3

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Dated April 4	(2018)		(optional) re than 90 days after
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