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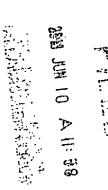
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COVER LETTER

	gistration Sec vision of Corp			
CHOIRCT.		Essentials, LLC		
SUBJECT:		Name of Lim	nited Liability Company	
		Amendment and fec(s) are sub	-	
Please return	n an correspon	dence concerning this matter Joselyn Turck	to the following.	
		Cannabliss Essentials, LLC	Name of Person	
		7905 East Drive #16C	Firm/Company	
		North Bay Village, FL 331	Address	
		Cannablissessentials@gmail	City/State and Zip Code	
·			to be used for future annual report	notification)
or further in Joselyn Turc		cerning this matter, please ca	nu: 	
	Name of P	Person	at () Area Code Day	ytime Telephone Number
Enclosed is a	check for the	following amount:		
3 \$25.00 F	iling 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

(Name of the Limited Liabili	ty Company as it now appears on our reco	ords)
(A Florida	a Limited Liability Company)	SS II A OI MA G SS (Lebho
The Articles of Organization for this Limited Liability C Florida document number L17000264489	Company were filed on 12/29/2017	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
·····	, F	lorida 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 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>	Address	Type of Action
Minaya, Stephanie	Minaya, Stephanie	500 NW 36th Street #314 Miami, FL 33127	□ Add
			≅ Remove
			Change
			Remove
			Change
			
			□ Remove
			Change
			Remove
			Change
	·	□ Remove	
		Change	
		Add	
			□ Remove
			Change

D 1 C

. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lf an ef <u>Note:</u>	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June 1, 2019
	Signature of a nember or pathorized representative of a member
	Joselyn Turck

Page 3 of 3

Filing Fee: \$25.00