

48000019254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

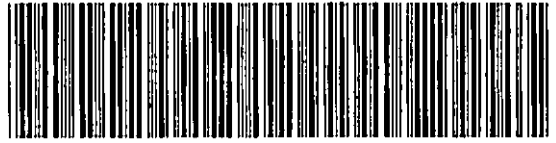
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18 JUL 30 PM 3:27

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25. 12/18/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

DEBORAH STACEY 2ND REQUEST
2177 SE OCEAN BLVD
STUART, FL 34996

SUBJECT: AMERI CANN TREATMENT CENTERS, LLC
Ref. Number: L17000123925

We have received your document for AMERI CANN TREATMENT CENTERS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Document # and name on application doesn't match. Please revise application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 418A00013752

RECEIVED
2018 JUL 30 PM 1:47
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2018

DEBORAH STACEY
2153 SE OCEAN BLVD
STUART, FL 34996

SUBJECT: AMERI CANN TREATMENT CENTERS, LLC
Ref. Number: L17000123925

We have received your document for AMERI CANN TREATMENT CENTERS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 618A00012526



RECEIVED

2018 JUN 29 AM 10:31

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Presley LLC

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

18
JUL 30 PM 7:27

The Articles of Organization for this Limited Liability Company were filed on January 19, 2018 and assigned
Florida document number L18000019254

This amendment is submitted to amend the following:

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

PresleyDJ LLC

The new name must be distinguishable and contain 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)

2177SE Ocean Blvd
Stuart, FL 34996

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2177SE Ocean Blvd
Stuart, FL 34996

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: January 22, 2018 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 25, 2018

Deborah Stacey
Signature of a member or authorized representative of a member

Deborah Stacey
Typed or printed name of signee

18 JUL 30 PM 3:27