11800033366

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(230111000 21111)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300316125563



JUL 0 0 7018

S. PRATHER

COVER LETTER

TO: Registration Se Division of Cor			
WEED IS	VEGAN, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MALKI KAWA		
		Name of Person	
	WEED IS VEGAN, LLC		
		Firm/Company	
	1363 SE 10th St.		
	*****	Address	
	Homestead, FL 33035		
	MALKI0527@YAHOO.CC	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notif	fication)
For further information c	concerning this matter, please co	ill:	
Malki Kawa		305 582-5593	
Name	of Person	at () Area Code Daytime	r Tolenhone Number
name c	n Person	Alea Code Dayting	receptione (various
Enclosed is a check for t	he 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

		ಕ
WEED IS VEGAN, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	1 21 21 21 E
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000033366}{L18000033366}$.	were filed on	and assigned
This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Linbil	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1363 SE 10th St.	
(Principal office address MUST BE A STREET ADDRESS)	Homestead, FL 33035	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1363 SE 10th St. Homestead, FL 33035	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the nev
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	<u>, </u>
	. 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</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Inam Kawa	2332 GALIANO ST., 2ND FL	
		CORAL GABLES, FL 33134	■ Remove
			
MGR	Malki Kawa	1363 SE 10th St.	
		Homestead, FL33035	□ Remove
			□ Change
			□ Add
			Remove
			☐ Change
			□ Remove
			□ Change
			☐ Remove
			□ Change
	·		
			□ Remove
			☐ Change

					_
<u> </u>					
-					•
					-
_					-
_					-
				<u>-</u>	-
					-
					_
_					
_					-
					-
_				-	-
					-
_					
					-
					•
					-
iote: 1: ocumei	Unly 1, 2018 e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da 'the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	nts, this da	te will no	ot be list	ed a
	rd specifies a delayed effective date, but not an effective time, at $1700\mathrm{mm}$	2:01 a.m	i. on th	e earli	er c
	oth day after the record is filed.				
The 9	Suly 2018	;:	•	18	
The 9	Signature of a member of authorized representative of a member		-		
The 9	July 1 2018	.3		IUL 214	
	Signature of a member of authorized representative of a member Malki Kawa		-		

Filing Fee: \$25.00