C18000036101

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 173743 8155932
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE : April 20, 2018
ORDER TIME : 1:07 PM
ORDER NO. : 173743-005
CUSTOMER NO: 8155932
DOMESTIC AMENDMENT FILING
NAME: COLUMBIA CARE FLORIDA, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Columbia Care Florida, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	y were filed on 2/9/2018	and assigned
Florida document number L18000036101		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CCFHoldco, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	
Enter new principal offices address, if applicable:		2018 SELL
Principal office address MUST BE A STREET ADDRESS)		ARC PR
		ARRES SE
		TO P
Enter new mailing address, if applicable:		ES 🕳 💟
Mailing address MAY BE A POST OFFICE BOX)		REPORT LES
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		1>
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street add	iress
		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>	Address	Type of Action
MGR	David Hart	70 Industrial Avenue, Suite B Lowell, MA 01852	■ Add
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			Add
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot b	e prior to date	of filing or mo	(op	itional) ter filing) Pursu	ant to 605 ()
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's re	applicable s	tatutory filing	requirements, t	his date will no	ot be listed
document's effective date on the Department of State's re	coras.				
ne record specifies a delayed effective date, bu	ut not an	effective ti	me, at 12:01	l a.m. on th	e earlier
The 90th day after the record is filed.					
April 20 2018	3				
Dated	·				
MAMM					
Signature d'a member d					

Page 3 of 3

Filing Fee: \$25.00