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	Account Name : REGISTERED Account Number : I2009000008 Phone : (307)200-28 Fax Number : (855)330-16	51 603	SE STATE
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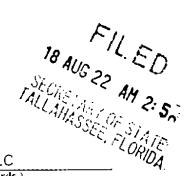
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Lia	Canna Resourcing Associates, LLC bility Company as it now appears on our records.)	- ORIDA
(A Flo	rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L18000049236	y Company were filed on 02/23/2018	and assigned
Plofida document flumoet	-	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	limited liability company here:	
QAcanna, LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or re	egistered office address on our records.	enter the name of the n
registered agent and/or the new registered office;	iddress here:	
Name of New Registered Agent:		
New Registered Office Address:		.,
	Enter Florida street address	
	, Flor	rida
·	Cin	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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). If amending any other information, e	mer change(s) here:	(Antien daamona	i sneets, ij necessa)	<i></i>
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E. Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block do document's effective date on the Department.	ses not meet the applical	o date of filing or more ble statutory filing re	(optiona than 90 days after filin equirements, this dat	l) (g.) Pursuant to 605.0207 (3) (e will not be listed as the
f the record specifies a delayed effe b) The 90th day after the record i	ctive date, but not s filed.	an effective tim	ne, at 12:01 a.m	. on the earlier of:
Dated August 20	2018			
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Page 3 of 3

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