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SECRETARY OF STATE OIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Se Division of Cor	ection rporations		
SUBJECT: Hem	P Tree LLC Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	•	
	Todd Ayre	Name of Person	
	Hemp Tree 1805 Powel	Firm/Company  Drive  Address	
		Myers FL City/State and Zip Code OL. Com to be used for future annual report notif	
For further information of	concerning this matter, please ca		,
Todd Axre	of Person	at ( <u>239</u> ) <u>848</u> . Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fec	\$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)
MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:

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

lability Company as it now appears on our records.)

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on February 26, 2018 and assigned Florida document number 82-4743192
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.Q"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent: Todd Ayre
New Registered Office Address: 1805 Powell Dr.  Enter Florida street address
North Fort Myers Florida 33917  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

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Filing Fee: **\$25.00**