

L180000096021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

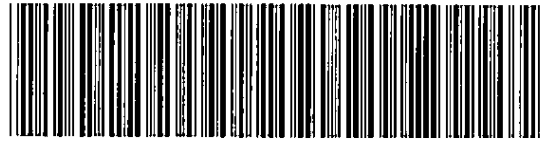
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Eddie
Rivera gave
permission to correct
document.*

*DC
7/12/19*

Office Use Only



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06/28/19--01013--014 **50.00

*LLC E. Amend
NK*

JUL 12 2019

D CONNELL

19 JUN 28 PM 4:51

CLERK OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eddie Rivera LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eddie Rivera
Name of Person

Firm/Company

355 23rd Ave
Address

Vero Beach FL 32962
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddie Rivera at (772) 713-0921
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

Eddie Rivera LLC

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

FILED
DIVISION OF CORPORATION
19 JUN 28 PM 4:51

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number LI8000096021

This amendment is submitted to amend the following:

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

CURELEAF 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)

835 17th St. #106
Vero Beach, FL 32960

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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>
CEO	Eddie Rivera	355 23 rd Ave	<input checked="" type="checkbox"/> Add
		Vero Beach	<input type="checkbox"/> Remove
		Fl. 32962	<input type="checkbox"/> Change
CEO	SANDRA Rivera	355 23 rd Ave	<input checked="" type="checkbox"/> Add
		Vero Beach	<input type="checkbox"/> Remove
		Fl. 32962	<input type="checkbox"/> Change
COO	Joshua Rivera	355 23 rd Ave	<input checked="" type="checkbox"/> Add
		Vero Beach	<input type="checkbox"/> Remove
		Fl. 32962	<input type="checkbox"/> Change
MBR	JIV. Rivera	355 23 rd Ave	<input checked="" type="checkbox"/> Add
		Vero Beach	<input type="checkbox"/> Remove
		Fl. 32962	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

E. Effective date, if other than the date of filing: 07/07/2019 (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 June 22nd 2019

22nd

Signature of a member or authorized representative of a member

EDDIE RIVERA

Typed or printed name of signee