## L18000118828

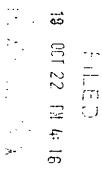
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## **COVER LETTER**

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TO: Registration So Division of Cor			
CBD 4 U L	LLC		
SUBJECT:	Name of Lim	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:	
	Joseph DiCapua		
	-	Name of Person	
	CBD 4 U, LLC		
	-	Firm/Company	
	2730 North State Road 7		
	Margate, FL 33063	Address	<del>.</del>
	Slafleche@admedc.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	lication)
For further information of	concerning this matter, please co	all:	
Joseph DiCapua		561 8437720	
Name o	of Person	Area Code Daytime	e Telephone Number
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

CBD 4 U, LLC

(Name of the Limited Liability 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 05/11/2018 and assigned Florida document number \_ L18000118828 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 "LLC" or the abbreviation "LLC." 2730 North State Road 7 Enter new principal offices address, if applicable: Margate, FL 33063 (Principal office address MUST BE A STREET ADDRESS) 2730 North State Road 7 Enter new mailing address, if applicable: Margate, FL 33063 (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 new registered agent and/or the new registered office address here: Joseph Di Capua Name of New Registered Agent: 2730 North State Road 7 New Registered Office Address: Enter Florida street address Margate City

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.

Joseph Di Capaca PChanging 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>	Type of Action
MGR	Frederick, Landon	8100 Royal Palm Blvd, Ste. 102	□ Add
<u> </u>		Coral Springs, FL 33065	
			■ Remove
			Change
MGR	Di Capua, Joseph	2730 North State Road 7	
		M Ft 22002	
		Margate, FL 33063	<b>5</b> b
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ocument's effective date on the I	Department of State's records.	
record specifies a delaye The 90th day after the re		in effective time, at 12:01 a.m. on the earlie
October 03	2018	
	Signature of a member or authorize	
11 1 11 1	1 · / /	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00