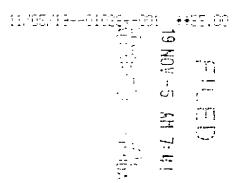
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COVER LETTER

Division of Co	rporations		
CannEsser			
,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	John Kerr		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	CannEssentia, LLC		
		Firm/Company	
	1270 North Wickham Rd.	STE 16-325	
		Address	
	Melbourne, Florida 32935		
	cannessentia@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
John Kerr		888 646-2431 at ()	
Name o	of Person	Area Code Daytime	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:

TO:

Registration Section

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

CannEssentia, LLC		
(<u>Name of the Lin</u>	nited Liability Company as it now appears (A Florida Limited Liability Company)	i on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{05/}{}$	15/2018 and assigned
Florida document number L18000121873		
This amendment is submitted to amend the fo	Howing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company he	<u>ne</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	19 19
Principal office address MUST BE A STRE	ET ADDRESS)	5 n
	<u> </u>	(f)
		宝 卫
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICI</u>	<u> </u>	21 K
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		our records, enter the name of th
New Registered Office Address:	1270 North Wickham Rd, STE 16-	325
Neglotolog Ottlev Hadioss.	Enter Flori	da street address
	Melbourne	, Florida 32935
	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

MICHE -	Winnage.	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MGR	Stephen Miley	1270 N Wickham Rd	
		CTP 16 225	
		STE 16-325	Remove
		Melbourne, Florida 32935	Remove
			☐ Change
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ective date if other than the date of filing.	(antiqual)
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable statutory tument's effective date on the Department of State's records.	filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
ed November 4 2019	
Signature of a member or authorized represent	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee