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COVER LETTER

Division of Corpo		•				
SUBJECT:	JH Botanica					
	Name of Limite	ed Liability Company				
The enclosed Articles of Ar	mendment and fee(s) are subm	sitted for filing.				
Please return all correspond	lence concerning this matter to	o the following:				
	Nichael	Rusenttun Name of Person				
		Name of Person Botanical J				
	JA	Firm/Company				
	13602 We-	7 barre Dr. Address				
	Deling B	each FL 3349	46.	- - :		
	MRUBE 2.0	City/State and Zip Code 4 C GMAZL. Com. b be used for future annual report notific	ation)	1 - 1 -		-11
For further information cor	acerning this matter, please cal			SSEE. 1	30 Fi	
Michael Rube Name of I		at (<u>975</u>) <u>879 - 39</u> Area Code Daytime T	elephone Number	LAHASSEE, FLORIDA	1 6:40	_
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status		

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

(Name of the Limited Liability (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>LI800D i22519</u>	Company were filed on $\frac{5/16/18}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	note the number LISON 122519. Independent is submitted to amend the following: Intending name, enter the new name of the limited liability company here: Intending name, enter the new name of the limited liability company here: Interpretation "LLC" or the abbreviation "LLC" Interpretation "LLC" or the abbreviation "LLC" Interpretation "LLC" or the abbreviation "LLC" Interpretation "LLC"	
Enter new mailing address, if applicable:	FILE ANASS	
(Mailing address MAY BE A POST OFFICE BOX)		
	0.00 6.1 40 BDA	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> lress here:	
Name of New Registered Agent:		
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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	ed	July 28	3		2018						
Signature of a member or authorized representative of a member		J = -			7	· ·					
			Signatui	re of a me	mber or auti	norized repre	sentative of	ı member			
Michael Rusenttein Typed or printed name of signee		l,	lichael		, ,						

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Filing Fee: \$25.00