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(Re	equestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Kind Cotto SUBJECT:	n E.L.C		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin Johnstone		
		Name of Person	
	Kind Cotton LLC		
		Firm/Company	
	15336 Baileys Ln		
		Address	
	Silver Spring, MD 20906		
		City/State and Zip Code	
	info@kindcotton.com		
	E-mail address: (to be used for future annual report not	itication)
For further information of	oncerning this matter, please c	all:	
Kevin Johnstone		845 741-8547 at ()	
Name o	f Person	Area Code Daytim	te Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Kind Cotton LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	ecords.
The Articles of Organization for this Limited	Liability Company	were filed on <u>05/16/2018</u>	and assigned
Florida document number L18000123248			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
			
The new name must be distinguishable and contain the	words "Limited Liabi		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	15336 Baileys Ln	
Principal office address MUST BE A STRE	ET ADDRESS)	Silver Spring, MD 20906	<u> </u>
			202
Enter new mailing address, if applicable:		PO Box 6788	
(Mailing address MAY BE A POST OFFICE BOX)		Silver Spring, MD 20916	
			
			3. (i) 20. #
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office a	address on our records, <u>er</u>	nter the name of the new regist
Name of New Registered Agent:	Linda Bryan		
New Registered Office Address:	390 301 Blvd V		
		Enter Florida street aa	ldress
	Bradenton	<u></u>	, Florida <u>34205</u>
		City	Zip Code

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 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>	Address	Type of Action
MGR	Kevin Johnstone	PO Box 6788	
		Silver Spring, MD 20916	□ Remove
			■Change
MGR	Kaitlin Johnstone	PO Box 6788	
		Silver Spring, MD 20916	□Remove
			
			□Remove
			—————————————————————————————————————
			□Add
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ument's effective date on the	Department of	State's record	ls.	,g			t ov nates
cord specifies a delayed effect	ive date, but n	ot an effective	time, at 12:0	l a.m. on the ear	lier of: (b)	The 90th (day after tl
s filed.							
ed March I	<u></u>	2022	·				
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Typed or printed name of signee