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(((H18000303146 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

(2)

Account Name : ARES & COMPANY, C.P.A., P.A.

Account Number : I20000000268

Phone

: (305)229-8256

Fax Number

: (305)229-8252

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALTHY HEMP DOSAGE LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H18000303146 3)

		HEMP DOSAGE LLC			
(Name of the Limite	d Liability Co. A Florida Limit	mpany as it now appears on ted Liability Company)	our records.)		
`					
The Articles of Organization for this Limited Lia	ability Compa	any were filed on <u>Jun</u>	e 18, 2018	and assigned	
Florida document number <u>L1800014892</u> ()				
•					
This amendment is submitted to amend the follo	wing:			•	
A. If amending name, enter the new name of	the limited l	liability company here:			
N/A				·	
The new name must be distinguishable and contain the we	ords "Limited L	iability Company," the design	ation "LLC" or the	abbreviation "L.L.C."	
The normal national state of the state of th		N/A			
Enter new principal offices address, if applica	able:	N/A	•		
Principal office address MUST BE A STREE	T ADDRESS	<u> </u>			
				2018 OCT SECRE	
Enter new mailing address, if applicable:		N/A		F 9 71	
(Mailing address MAY BE A POST OFFICE)	BUA)		·	三 1	
				SSI I	
B. If amending the registered agent and/	am ragistara	d affice address on an	r records ente		
registered agent and/or the new registered of			records, cinc		
				20 FL	
Name of Nam Basistand Accept	N/A				
Name of New Registered Agent:				<u></u>	
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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	MATIAS RICCI	3233 W 76TH PL HIALEAH, FL. 33018	# Add
	·		☐ Remove
			☐ Change
AMBR	GEORGEANA PASTRANA	3233 W 76TH PL HIALEAH, FL 33018	 Add
		***************************************	Remove
			☐ Change
AMBR	PEDRO P. PEREZ	12901 SW 122ND AVE STE 102 MIAMI, FL. 33186	Add
			SERRE TO CHANGE
			SSEAdd 9: 28
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

If amending any other			,		.c.www.y.,	
						
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		10/22/2018	·			
Effective date, if othe	r than the date of i	Nine:		(ор	tional)	
If an effective date is listed Note: If the date insert document's effective di	ed in this block does i	not meet the applical	o date of filing or m ble statutory filin	ore than 90 days aft g requirements, th	er filing.) Pursuant to on its date will not be i	605.0207 (3)(b) isted as the
e record specifies The 90th day afte	a delayed effection the record is file	ve date, but not led.	an effective t	ime, at 12:01	-a:m. on the ea	rlier of:
October 19	, 2018		/	, ()	$\left(\cdot \right)$	
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3				\mathcal{L}		

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