118000 149284

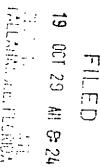
(Rec	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

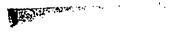
Office Use Only



200336020772

10/29/19--01007--012 **60.00





NOW 22 TOTA S. YOUNG

COVER LETTER

_	gistration Sec ision of Corp		•	
SUBJECT:	немрасе	NIX, LLC		
SOBALCT.	-	Name of Limi	ted Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Seth Hyman		
			Name of Person	.
		Hempagenix, LLC		
			Firm/Company	
		2200 N Commerce N Com	merce Pkwy - STE 200	
			Address	
		Weston, Fl. 33326		
			City/State and Zip Code	
		legal@hempagenix.com		
			o be used for future annual report notific	cation)
For further i	nformation co	ncerning this matter, please ca	ill:	
Seth Hymai	1		at () 436-7436 Area Code Daytime	<u></u>
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 I	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

		FILED CT 29 M
HEMPAGENIX, LLC		20
(Name of the Limited Lia	bility Company as it now appears on our records.) rida Limited Liability Company)	
William	rida Emilica Chaonity Compony	注意で
The Articles of Organization for this Limited Liability	y Company were filed on 06/18/2018	and assigned
Florida document number L18000149284		-
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
The new name must be distinguishable and comain the works.	Company, the angular transfer of	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		
n e e e e e e e e e e e e e e e e e e e		
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or re	egistered office address on our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	1
_	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeffrey Steiner	2200 N Commerce Pkwy STE 200 Weston, FL 33326	
			■ Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
	,		Change
			Remove
			🗀 Change
			□ Add
			Remove
			Change

		 		
			-	
	 .	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	***			
				· -
		<u> </u>		
		<u>. </u>		
		· <u>-</u>		
				
			-	
	<u> </u>			
			· · · · -	
<u></u>	<u> </u>	<u> </u>		
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blo	t be specific and cannot be p	orior to date of filing or mo	(optional) ore than 90 days after filing.) Purse requirements, this date will re-	uant to 605.0207 (3) not be listed as the
document's effective date on the De			· •	
the record specifies a delayed The 90th day after the rec	d effective date, but ord is filed.	not an effective t	ime, at 12:01 a.m. on t	he earlier of:
Dated October 28	2019			
	1 11	 - //enm	\mathcal{A}	
	116 M	170/1/1/	///	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00