

Y SULKER
JAN 16 2023

Registration Section
Division of Corporations

OBJECT: Trusted CBD LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Bryan Plowsky
Name of Person

Trusted CBD
Firm/Company

1200 S. Rogers Circle #4
Address

Boke Ref, FL 33487
City/State and Zip Code

Legal@trustedcbd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Plowsky at (561) 998-6039
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$5.00 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Trusted CBD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/19/18 and assigned
Florida document number L18000150760

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

200 Trusted CBD, LLC
2255 Glades Rd # 324A
Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2019 DEC 16 AM 1:30
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SIXTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

moved from our records:

R = Manager

BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1BR	<u>Palm Coast Trust</u> 11/25/19	<u>2255 Glades Road</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 324A</u>	<input type="checkbox"/> Remove
		<u>Boce Rstor, FL 33431</u>	<input type="checkbox"/> Change
1BR	<u>Stephen Wolke</u>	<u>1200 S. Rogers Circle</u>	<input type="checkbox"/> Add
		<u>Suite 4</u>	<input checked="" type="checkbox"/> Remove
		<u>Boce Rstor, FL 33487</u>	<input type="checkbox"/> Change
1BR	<u>Bryan Plowsky</u>	<u>1200 S. Rogers Circle</u>	<input type="checkbox"/> Add
		<u>Suite 4</u>	<input checked="" type="checkbox"/> Remove
		<u>Boce Rstor, FL 33487</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.

Dated December 11, 2019.



Signature of a member or authorized representative of a member

Bryan Plonsky

Typed or printed name of signee