

L18000185412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

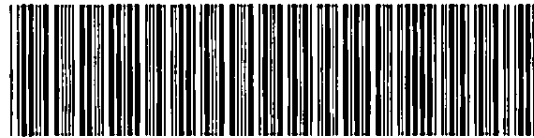
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2018 OCT -1 AM 11:37

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2018 OCT -1 PM 11:00

D REUCE
OCT 06 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2018

PRESCOTT INDUSTRIES LLC.
ATTN: RICHARD L. BREWER
145 BELLA BLVD.
SANTA ROSA BEACH, FL 32459

SUBJECT: PRESCOTT INDUSTRIES LLC.
Ref. Number: L18000185412

We have received your document for PRESCOTT INDUSTRIES LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 418A00018639

2018 OCT -1 AM 11:39

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prescott Industries LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Richard L Brewer
Name of Person

Prescotts Industries
Firm/Company

145 Bella Blvd
Address

Santa Rosa Beach, FL 32459
City/State and Zip Code

Corrie Linton @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHGJHGJKHGKKK Corrie Linton at (731) 610-8415
Name of Person Area Code Daytime Telephone Number

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) ☒ \$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

2018 AUG 27 AM 11:10

FILED

2018 OCT -1 AM 11:37

RECEIVED
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Prescott Industries 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 _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

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

30A Hemp LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Carly linton	145 Bella Blvd	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL	<input type="checkbox"/> Remove
		32459	<input type="checkbox"/> Change
AMBR	Corrie linton	145 Bella Blvd.	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL	<input type="checkbox"/> Remove
		32459	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2018 OCT - 1 AM 11:37
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ADD
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CHANGE

60007
 THE
 CITY OF
 LONDON
 120 8172

2018 OCT - 11:34
STATION OF CIVIL
TALLAHASSEE, FLORIDA

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(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)

(b) The 90th day after the record is filed.

* Kill Brena

Signature of a member or authorized representative of a member

Richard L. Brewer

Typed or printed name of signee