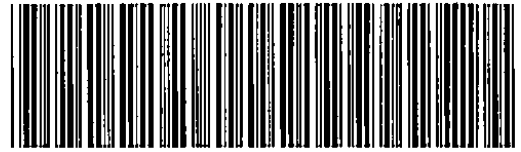


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(Requestor's Name)

(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:

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Attend.

Office Use Only

OCT 17 2019

D CONNELL

TO: Registration Section
Division of Corporations

SUBJECT: Big Kush Productions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Newberg

Name of Person

Big Kush Productions, LLC

Firm/Company

2527 4th Ave. North

Address

St. Petersburg, FL 33713

City/State and Zip Code

tj@big3rollup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Pittinger

813 390-1294

at (_____) _____

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

**TO
ARTICLES OF ORGANIZATION
OF**

Big Kush Productions, 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 09/06/2018 and assigned Florida document number L18000212709.

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)

19754 Timberbluff Drive

Land O Lakes, FL 34638

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19754 Timberbluff Drive

Land O Lakes, FL 34638

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	Todd Pitinger Jr	19754 Timberbluff Drive Land O Lakes FL 34638	<input checked="" type="checkbox"/> Ad
			<input type="checkbox"/> Ret
			<input type="checkbox"/> Ch
MGR	Cory Knowles	4520 Discovery Lane #42 West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Ad
			<input type="checkbox"/> Ret
			<input type="checkbox"/> Ch
MGR	Kevin Robins	520 Eastwind Dr APT A North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Ad
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
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