18000224068

(Red	questor's Name)	
(Add	dress)	 _
(Add	dress)	
•	,	
(Cit	//State/Zip/Phone	<u></u>
(Cit)	//Otate/Zip/r florid	- 11)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
ζ	· ,	
Cartified Coming	Cartificator	of Status
Certified Copies	. Certificates	o o status
Special Instructions to F	Filing Officer;	
		•

Office Use Only



900319202019

10/16/18--01036--012 **30.00

RECEIVED

OCT 1 5 2013.

CCT 2 5 m S. PRATHER

COVER LETTER

TO: Registration So Division of Cor			
CANNADO SUBJECT:	OC LLC		
	Name of Lim	ated Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WAQAS FARUQUI		
	CANNADOC LLC	Name of Person	
		Firm/Company	
	Firm/Company 1931 MARTIN LUTHER KING JR. BLVD		
	PANAMA CITY, FL 3240	Address	
	WFARUQUI@INEUROMI		
	E-mail address: ()	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ill:	
WAQAS FARUQUI		352 359-5801 at () Area Code Daytime	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

성 걸

CANNADOC LLC		8 7
(Name of the Limited Liabilit	y Company as it now appears on our records.) Lamited Liability Company)	5 7
The Articles of Organization for this Limited Liability Co Florida document number L18000224068		5 Premid assigned D
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
CANNADOCS LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	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
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			Remove
			☐ Change
			
			□ Remove
			∏ Change

). If amending any other info	ormation, en	iter change(s) h	ere: (Attach additie	mal sheets, if neces	isary.)		
 					····		
			-	- , - <u> </u>			
		• .	<u> </u>	·			
					<u>.</u>		
	•-			· .			
							
	<u></u>						
					<u>-</u> -		
							
				<u>.</u>			
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
		_	 				
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second sec	iis block does he Departmen	not meet the appl nt of State's record	icable statutory filinį ls.	g requirements, this é	late will not l	be listed	las the
the record specifies a dela) The 90th day after the	ayed effecti record is fi	ive date, but r iled.	ot an effective ti	ime, at 12:01 a.ı	m. on the	earlier	of:
Dated October 4		. 2018	·		SECA	2018 OCT 1 S	
/IN VAC					مرز راا	읔	1 1
—— (V	Signature	of a member or au	horized representative	of a member	五五	_	700,000 110,000
WAQAS FARUQI		of a member or au	horized representative	of a member	HASSE	15 PM 3:	

Page 3 of 3

Filing Fee: \$25.00