

48000255259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

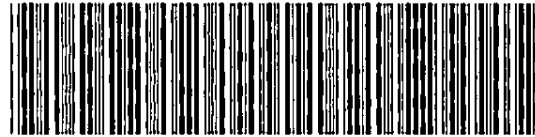
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2013 JAN 15 P 1:16  
Filing Office

JAN 25 2013  
T. LEMLEY

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RELEAF PHARMA, 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:

Craig Flint

Name of Person

RELEAF PHARMA, LLC

Firm/Company

8105 Pine Circle

Address

Tamarac, FL 33321

City/State and Zip Code

flint.craig@yahoo.com

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

For further information concerning this matter, please call:

Craig Flint

954 661-9985  
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**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2019

CRAIG FLINT  
8105 PINE CIR  
TAMARAC, FL 33321

SUBJECT: RELEAF PHARMA, LLC  
Ref. Number: L18000255259

We have received your document for RELEAF PHARMA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please a member or authorized representative sign the document.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 319A00001699

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RELEASE PHARMA, LLC

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

FILED  
2019 JAN 26 P 1:16

The Articles of Organization for this Limited Liability Company were filed on 10/30/2018 and assigned  
Florida document number L18000255259

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:

8105 Pine Circle

(Principal office address MUST BE A STREET ADDRESS)

Tamarae, FL 33321

Enter new mailing address, if applicable:

8105 Pine Circle

(Mailing address MAY BE A POST OFFICE BOX)

Tamarae, FL 33321

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>
MGR	MARRIAGA, GUSTAVO	1673 NW 14TH WAY PEMBROKE PINES, FL 33028	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PUGLIESE, ANTHONY	101 PUGLIESES WAY DELRAY BEACH, FL 33444	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CASTRO, RICARDO, SR	10141 SW 49THCT COOPER CITY, FL 33228	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INVERPISO, LLC	1673 NW 14TH WAY PEMBROKE PINES, FL 33028	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	APCF CONSULTANTS LLC	8105 PINE CIR TAMARAC, FL 33321	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	APCF CONSULTANTS LLC	8105 PINE CIR TAMARAC, FL 33321	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE ALSO REMOVE: FLINT, CRAIG 8105 PINE CIR  
TAMARAC, FL 33321

01/25/2019

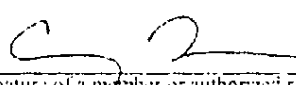
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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.

If the 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 record is filed.

Dated 01/25 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Craig Flint  
\_\_\_\_\_  
Typed or printed name of signer