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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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MICHETAN THE STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Division of Cor	porations				
	IEALTH LLC				
SUBJECT:	Name of Lim	ited 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:			
	MARY AZPURUA				
		Name of Person			
	RELEAF HEALTH LLC				
	 	Firm/Company			
	3040 NW CRYSTAL LAI	KE DRIVE			e.
		Address			
	JENSEN BEACH/FLORI	DA/34957		SCHOOL SECTION	71
	JUANRAMOSMD@GMA	City/State and Zip Code IL.COM		C 27	
	E-mail address: (to be used for future annual report notif	fication)	-!:'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
For further information c	concerning this matter, please c	all:		6: 2 1411 ORIU	
MARY AZPURUA		305 915-2936		$\sum_{i=1}^{n} \omega_i$	
Name o	of Person	at () Area Code Daytim	e Telephone Num	ıber	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

RELEAF HEALTH 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 2018-11-27_____ and assigned Florida document number _____L18000274174 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) 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 registered agent and/or the new registered office address here: ؽ۬ Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMGR	LYNNETTE A KENNEDY	318 SE FISK ROAD PORT ST LUCIE, FL 34984	■ Add
			Remove
			Change
AMGR	BRITTANY MCCLURE	110 ABBIE CT STUART, FL 34996	Add
			□ Remove
			Change
			Add
			Change
			Add
			Remove
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

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Note: II	date, if other than the date of filing:
the recor) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
Dated	12/18/18
	Signature of a member or authorized representative of a member
	, and the second

Page 3 of 3

Filing Fee: \$25.00