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COVER LETTER

Registration Section

Division of Corporations

TO:

EUDIECT.	MMJ SMART S	SERVICES LLC	
SUBJECT:		ited Liability Company	<u> </u>
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JAI	ME POJAS Name of Person	
		Name of Person	
		Firm/Company	DOZO OCT
	1820	N COLPOPATE LAKES 1 Address	3LVO 5TE 2072 F. C. T. L. F. C. T. L. G.
	Wes	TON FLORIDA 3332 City/State and Zip Code	G - FLC 73: 17
	E-mail address: (to be used for future annual report no	.Com
For further information co	oncerning this matter, please c	all:	
JA IME Name of	FPerson	at (<u>954</u>) <u>817</u> Area Code Dayti	16 50 me Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations		Street Address: Registration S Division of C	orporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MM	- · · · · · · · · · · · · · · · · · · ·	
(<u>Name of the Limi</u>	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L		130/2016 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		2000T - 5 PH 3: 18
3. If amending the registered agent and/or regent and/or the new registered office address	registered office address on our record ss here:	ls, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	1320 N CERPORATE LAK	
	WESTON	Florida 33326
	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 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
MGR	DIANA BROVERO	1820 N CORYDPATE LAKE	□Add
		WE STON, FL 33326	🖯 Remove
			Change
			□Add
			Remove Change Ch
			DAdd C
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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) _ (optional) 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 SEPTEMBER Signature of a member or authorized representative of a member JAIME POURS Typed or printed name of signee

Filing Fee: \$25.00