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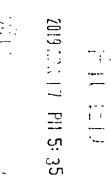
| (Requ | estor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Busin | ness Entity Nar | me) |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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| TO: | | ation Secti of Corpo | | • • • | | |
|----------|-------------|-------------------------|---|---|--------------------------|---------------|
| oun ir | ~ | DBOCA L | | | | |
| SUBJE | C1: | | Name of Lin | nited Liability Company | . | |
| The enc | losed Arti | icles of An | nendment and fee(s) are sub | omitted for filing. | | |
| Please r | eturn all c | correspond | ence concerning this matter | to the following: | | |
| | | | Mark Rogers | | | |
| | | | | Name of Person | | |
| | | | CBDBOCA LLC | | | |
| | | | | Firm/Company | | |
| | | | 614 NW 13th St. Unit 28 | | | |
| | | | | Address | | |
| | | | Boca Raton, FL. 33486 | | | |
| | | | | City/State and Zip Code | | |
| | | | info@cbd-boca.com | | | |
| | | · | E-mail address: (| to be used for future annual repo | ort notification) | |
| For furt | her inform | nation con | cerning this matter, please c | all: | | |
| Mark R | logers | | | 800 484-1 at () | 825 | |
| | | Name of Po | erson | | Daytime Telephone Number | |
| Enclose | d is a chec | ck for the f | ollowing amount: | | | |
| \$25 | .00 Filing | Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | d) Certified (| e of Status & |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

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

CBDBOCA LLC

| | TO |) | | |
|--|---|---|-------------------------|--|
| ART | ICLES OF O | RGANIZATION | | En My |
| | OF | 3 | · ••/· | |
| | | | <i></i> | |
| | CBDBOCA | LLC | <u>.</u> | |
| (Name of the Limi | ted Liability Compan (A Florida Limited Li | y as it now appears on our ability Company) | records.) | 100 mm 1 |
| The Articles of Organization for this Limited L | Liability Company v | vere filed on 02/01/2019 | | _ and assigned |
| Florida document number 1.19000032946 | · | | | - v . |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name o | of the limited liabil | ity company here: | | |
| MD Organics LLC | | | | |
| The new name must be distinguishable and contain the v | words "Limited Liabilit | y Company," the designation | "LLC" or the abbro | viation "L.L.C." |
| Enter new principal offices address, if applic | cable: | same | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | |
| | <u> </u> | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| | · POV | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BUAJ</u> | | | |
| | | | | |
| B. If amending the registered agent and registered agent and/or the new registered o | • • • | | ecords, <u>enter th</u> | e name of the new |
| Name of New Registered Agent: | n/a | | | |
| New Registered Office Address: | | | | |
| Trees traplification of transport. | | Enter Florida street | address | |
| | | | Florida | |
| | | City | Florida | 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 |
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| Effective date, if other than the | date of filing: | (optional) |
| It'an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E | lock does not meet the applicable s | coptional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 tatutory filing requirements, this date will not be listed as |
| he record specifies a delaye The 90th day after the rec | | effective time, at 12:01 a.m. on the earlier of |
| Dated April, 15th | 2019 | |
| eracul | · | |
| | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00