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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
Name of Limited Liaminty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Etijah Migueltorena
Indicacuch CBD Lounge LLC
75-44 N. Dule Mabry Huy
Tampe ft 33614 City/State and Zip Code
E-mail address: (to be useful future annual report notification)
For further information concerning this matter, please call:
Elijuh Migne Horena at (813) 300-9650 Name offerson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ 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

ARTICLES OF O	RGANIZATION 20
O	F 4/3/2 14, 2
Indicaouch CBD (Name of the Limited Liability Compar (A Florida Limited L	Counge LLC Ty as it now appears on our records.) The company of the country of
The Articles of Organization for this Limited Liability Company	were filed on \(\frac{\int_{19}/19}{\int_{19}}\) and assigned.
Florida document number <u>L19000049679</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Indicaouch 'LLC"	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7544 N. Dale Mabri), Tampa, FL 33614
(Principal office address MUST BE A STREET ADDRESS)	Jampa, FL 35614
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address: 12666	Lastle hill dr Enter Florida street address City Stop Code
Tamp	City Solds Show Tip 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
			Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
		<u> </u>	☐ Change
			☐ Remove
			☐ Change
			☐ Remove
			□ Chanaa

,	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u> 511 . 2020</u> .
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00