L19000059301

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O SIMMONS
MAR 15 2021

COVER LETTER

Division of Corporations	
SUBJECT: Milehigh Rolling Papers 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:	
Davoni Stephens Name of Person	
Milehigh Rolling Papers LLC Firm/Company	
2110 SW Fort King St Address	
Ocala / Florida 34471 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Devoni Stephens at (352) 804-2503 Name of Person Area Code Daytime Telephone Number	·
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Is Certified Copy (additional copy is enclosed)	Status & y

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\	No Rellina Pages 1-16 AM 6:27
(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 Liab	ility Company were filed on 03/01/7019 and assigned
Florida document number <u>L1900005930</u>	21
This amendment is submitted to amend the follow:	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The Mile High (lub Cu	stons Rolling Paper LLC
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	2X)
	stered office address on our records, enter the name of the new registered
agent and/or the new registered office address b	<u>tere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
•	City Zin 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>	Name	Address 2021 JAN 29 AM 6: 27	Type of Action
			□ Add
			Change
			DbA
			□Remove
			□Add
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	of the second se
ective date, if other than the date of filing:	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet t	the applicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's	s records.
	00 of all 12.01 and 12.05 The 00ds day 20-about
scord specifies a delayed effective date, but not an elessified.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted January 23	7021
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Monature of a memb	er or authorized representative of a member