

L190000 80487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

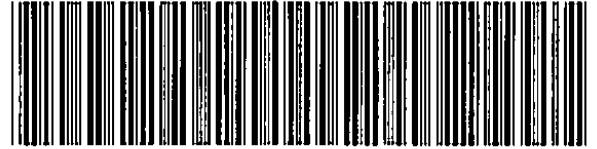
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Ms Scott called and  
requested that we add  
her as the manager (owner)  
of this LLC via  
dec

Office Use Only



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19 JUN 18 PM 4:40

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Amend/name chan

JUL 01 2019

D CUSHING

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Healing Nature CBD Products 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:

Rebecca Sophia Scott

\_\_\_\_\_  
Name of Person

Healing Nature CBD Products LLC

\_\_\_\_\_  
Firm/Company

601 NE 39th St Apt A309

\_\_\_\_\_  
Address

Miami/Florida 33137

\_\_\_\_\_  
City/State and Zip Code

sophiasmokes@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Sophia Scott

786

3043919

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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

19 JUN 18 PM 4:40

RECEIVED  
DIVISION OF CORPORATIONS

**TO  
ARTICLES OF ORGANIZATION  
OF**

Healing Nature CBD Products

(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 March 22, 2019 and assigned  
Florida document number L19000080487.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Sophia Smokes LLC

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)

601 NE 39th St

Apt A309

33137 Miami

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 NE 39th St

Apt A309

33137 Miami

**B. If amending the registered agent and/or registered office address on our records, enter the name of the  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*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 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 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

or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jesus Garcia	90 SW 3rd St Apt 1204	<input type="checkbox"/> Add
		33130 Miami	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rebecca Sophia Scott	601 NE 39th St.	<input checked="" type="checkbox"/> Add
		Apt A309	<input type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Rebecca Sophia Scott

Typed or printed name of signee