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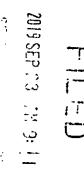
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

FO: Registration Se Division of Cor			
: subject: <u>(В</u>	Oil Products Name of Lim	LL C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Matthew	Name of Person	
	CBD OIL	Products LLC Firm/Company	
	8131 Lake	wood Main St. Address	
		Reach FC 3420 City/State and Zip Code	
	E-mail address: (i	ny heath superstore, C	ication)
For further information c	oncerning this matter, please ca	all:	
Matthew Name o	Genot f Person	at (94() 376.  Area Code Daytime	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)	☐ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(B) Oil Products, L		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our relational Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L19000 103030</u>	•	15, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	LLC	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	PESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		TO BE THE
		STP -
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ords, enter the name of the new
		ب
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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te: If the date inse	ner than the date of f d, the date must be specific rted in this block does r late on the Department	not meet the applicab	time or ming or more man	<b>(optional)</b> n 90 days after filing.) P rements, this date wi	ursuant to 605.0207 Il not be listed as
record specifie he 90th day af	s a delayed effectiv ter the record is fil	ve date, but not a ed.	an effective time,	at 12:01 a.m. or	i the earlier of
ted	22	-93_	ed representative of a me		

Page 3 of 3

Filing Fee: \$25.00