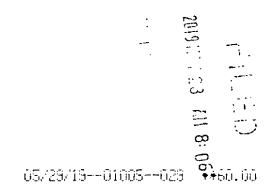
L19000121303

(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:

Office Use Only



100329866621



RECEIVED MAY 28 2019

Amend Mame

JUN 10 2013

1 ALBKH LON

COVER LETTER

SUBJECT: HEM	PIRE WEVLN	FSS COMPAI	vy LLC
	Name of Limi	ted Liability Company	· _
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	ROSAURO	AMBE Name of Person	
		Name of Person	
	HEMPIRE WE	VUNES COMPA	INY LLC
		Firm/Company	
	1424 NE MIA	Mi PL #224	****
		Address	
	MIAMI FLOR	City/State and Zip Code FSS COMPANY @ 0 o be used for future annual report no	
	_	City/State and Zip Code	
	HEMPIRE WELL	ress company @	EMAIL. WM
	E-mail address: (to	o be used for future annual report no	tification)
For further information cor	ncerning this matter, please ca	H:	
ROSAURO	EUBE	at (312) 841 Area Code Dayti	2085
Name of I	Person	Area Code Daytii	me 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:

TO:

Registration Section Division of Corporations

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

HEMPI	RE	WELLNESS	COI	MPAR	14 LL	C
(<u>N</u>	ame of th	c Limited Liability Company as i (A Florida Limited Liability	t now appe y Company	ars on our r	ecords.)	· · · · · ·
es of Organization for	this Lim	ited Liability Company were	filed on	MAY	06,2019	and a

The Article Florida document number L 19000121303 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THWC LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LDC NE MIAMI Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ROSAURO GUBE

1424 NE MIAMI PL # 224

Enter Florida street address Name of New Registered Agent: New Registered Office Address: Florida 33132

City 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
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			Change
			Add
		 	Remove
			Change
			
			Remove
		<u> </u>	
		 	Add
			Remove
			Change

	
(If an et Note:	tive 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 a 90th day after the record is filed.
Dated	NAY 17th 2019 Signature of a member or authorized representative of a member
	Typed or printed name of signee

,D.

Page 3 of 3

Filing Fee: \$25.00