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(Business Entity Name)

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AUG 01 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THWC 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:

ROSAURO GUBE
Name of Person

THWC LLC
Firm/Company

1424 NE MIAMI PL
Address

MIAMI FL 33132
City/State and Zip Code

HEMPIREWELLNESSCOMPANY@GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSAURO GUBE at (312) 841 2085
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

THWC LLC

(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 5.06.2019 and assigned Florida document number L19000121303.

This amendment is submitted to amend the following:

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

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)

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

MGR	NAME	ADDRESS	ACTION
	ROBERT EDWARD WILLOUGHBY	7009 SW 6th AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALBERT BERNACET	146 NW 29th ST	<input type="checkbox"/> Add
		MIAMI FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

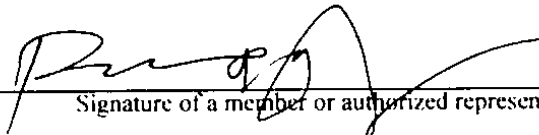
E. Effective date, if other than the date of filing: JUNE 20 2019 (optional)

(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 the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 20 2019



Signature of a member or authorized representative of a member

ROSAURO ONG GUISE JR

Typed or printed name of signee

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW



WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado

Payable at Wells Fargo Bank, Grand Junction - Downtown, N.A., Grand Junction, Colorado

17-858724

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178587246257 L 000003

\$ 25.00

PAY EXACTLY TWENTY-FIVE DOLLARS AND NO CENTS

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE

1424 NE MIAMI PURCHASER'S ADDRESS

PURCHASER'S SIGNATURE

010210060001 40178587246257