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## **COVER LETTER**

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· SUBJECT		arms, Ł.L.C.	•		
SOBJECT	:	Name of Lim	ited Liability Company	<del></del>	
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Dustin Robinson	Name of Limited Liability Company  e(s) are submitted for filing.  this matter to the following:    Name of Person		
		Mr. Cannabis Law	Name of Person		
	Firm/Company 1000 SE 2nd St. Apt 6, Fort Lauderdale, FL 33301				
		Fort Lauderdale, FL 33301	Address		
		drobinson@mrcannabislaw.			
		E-mail address: (	to be used for future annual report notif	ication)	
For further	information co	oncerning this matter, please ca	all:		
Dustin Ro	binson				
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is	s a check for th	ne following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

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

Fat Boy Farms, L.LC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) limited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000121520</u>	mpany were filed on May 6, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		77 din
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	, Fiori	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 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>	<u>Address</u>	Type of Action
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