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Certified Copies	Certificates	of Status
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and/ name change

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations			
SUBJECT: True Seve	n CBD, LLC			
50bjec1:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following		
	Tavarus D. Hogans			
		Name of Person		
	True Sev	(21)		
	Trw yev	Firm/Company		
	6298 Pendragon Pl			
		Address		
	Jacksonville, FL 32258			Ė
	thscout@email.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report	notification)	
For further information of	concerning this matter, please ca	all:	<i>\$</i> ? ★	
Tavarus Hogans		at (904) 415-726	6 ~ ~	7
Name o	of Person		rtime Telephone Number	•
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$ 60,00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	ING ADDRESS:		JRIER ADDRESS:	
	ration Section on of Corporations	Registration Se Division of Cor		
	ox 6327	Clifton Buildin		

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AF	RTICLES OF A		records.)
A D?	TO		
AK	OF	RGANIZATION	
	01		The Control
True Seven CBD LLC			J. 16
Name of the Lin	nited Liability Company (A Florida Limited Liab	as it now appears on our polity Company)	records.)
The Articles of Organization for this Limited	Liability Company we	ere filed on	and assigned
Florida document number			
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liabilit	v company here:	
True Seven Life, 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 appl	icable:		
Principal office address MUST BE A STRE			
Timethar office address most bi. A STRE	<u>ET ADDRESS)</u> _		
	_		
C-4			
Enter new mailing address, if applicable:	-		
Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>		
	-		
If amonding the registered want and	3/au uanista - 3 - 600 -		
 If amending the registered agent and registered agent and/or the new registered of the new regist		e address on our re	cords, enter the name of the new
	12.		
Name of New Registered Agent:	Tavarus D. Fiogan	tz	
New Registered Office Address:	6298 /	en dragen Pl Enter Florida street	address
	Jacksonville		. Florida 32258
	 	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>Fitle</u>	<u>Name</u>	Address	Type of Action
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Effecti	ive date, if other tha	an the date of fil	ling:		(option	2 ² 7.
f an effe	ective date is listed, the d If the date inserted in	late must be specific	and cannot be prior	to date of filing or n	ore than 90 days after fi	ling.) Pursuant to 605.0
	ent's effective date on				e regamements. mis e	and will not be noted
	ord specifies a de 90th day after th			ot an effective I	ime, at 12:01 a.i	m. on the earlie
inc	John day ditti til					
Dated	October 22		2019	·		
-			D	5	_	
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee