L19000185167

(Re	questor's Name)	
(Ád	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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** SULKER 001 0 2019



September 12, 2019

CANNABUS HEALTH, LLC 13053 BOGGY POINTE DR ORLANDO, FL 32824

SUBJECT: CANNABUS HEALTH, LLC

Ref. Number: L19000185167

We have received your document for CANNABUS HEALTH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 819A00018890

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Cannab Name of Lim	us Health, ited Liability Company	LLC	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	idence concerning this matter	to the following:		
		Wanda	Soto	
		Léva Orgo	nics, l	CLC
	13053 Ba	oggy Pointe	Dr.	·····
	Orlando,	FL 328.	24	
		Keva Organics to be used for future annua		
For further information ec	oncerning this matter, please co	ali:		
Wande Name of	2 Soto	at (<u>407</u>) Atea Code	267 - 2 Daytime Tel	OO 4 ephone Number
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		☐ \$60,00 Filing Fee, Certificate of Statu Certified Copy (acaditonal copy is enc)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 ${\bf STREET/COURIER\ ADDRESS;}$

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RECEIVE

SEP 3 0 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Can	mabys He	ath, LLC was it now appears on our rece ability Company)	
(Name of the Limite	A Florida Limited L	ix as it now appears on our reco lability (company)	<u>irus.</u> i
The Articles of Organization for this Limited Li	ability Company	were filed on	8 / 19 au
Florida document number <u><u>L190001851</u></u>	67		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of			
Keya Orgace The new name must be distinguishable and contain the way	rics. 110	^	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation "L	LC" or the abbreviati
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T.ADDRESS)	N/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N//\.	
B. If amending the registered agent and/ registered agent and/or the new registered of			rds, <u>enter the m</u>
registered agent and/or the new registered or	Het Heter Heter	••	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Emer I lorida street ade	-
New registry office address.	_14/		
		Cits.	Florida
		City	Zip (
New Registered Agent's Signature, if changing b	Registered Agent:		
t.t	January and are	a to act in this converies I	fuether coree to

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this being filed to merely reflect a change in the registered office address. I hereby confirm that the limited h company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registerec

MGR = Manager AMBR = Authorized Member <u>T</u> <u>Address</u> <u>Title</u> Name | N/A _______

If amending Authorized Person(s) authorized to manage, enter the title, hame, and address of each pe

or removed from our records:

Effective date, if other than the date of filing: I 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.) Purss Note: If the date inserted in this block bose not meet the applicable statutory filing requirements, this date will not allocument's effective date on the Department of Nate's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the state of the specifies and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the specifies and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the specifies and specifies are specified and specifies are specified and specifies and specifies are specified and specifies and specifies are specified and specifies are sp	_	
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Signature of a member of authorized representative of a member Wanda So-to		
Wanda Soto	Dated	9/20 2019 B
Wanda Soto		Signature of a member of authorized representative of a member
Wanda Soto		1/ , C)
		Wanda Soto

D. If amending any other information, enter change(s) here: (Atlach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00