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2019 OCT 16 MH 11: 15

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## **COVER LETTER**

Div	ision of Corp	porations					
SUBJECT:	EXPRESS A	MARIJUANA CARD FRANC	HISE, LLC				
		Name of Lim	ited Liability Company				
The enclosed	I Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		Hossein Kasmai					
		Name of Person					
		EXPRESS MARIJUANA	CARD FRANCHISE, LLC				
		<del></del>	Firm/Company				
		7300 N. Kendall Drive Sui	te #340				
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>			
		Miami, FL. 33156					
		info@franchisecreator.com	City/State and Zip Code	<del></del>			
		E-mail address: (	to be used for future annual report notifi-	cation)			
For further in	nformation co	oncerning this matter, please co	all:				
Hossein Kas			at () Area Code Daytime				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a	a check for th	e following amount:					
■ \$25.00 F	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:

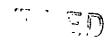
TO:

**Registration Section** 

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



EXPRESS MARIJUANA CARD FRANCHISE, LLC

2019 OCT 16 AM 11: 19

Zip Code

(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 07/25/2019 and assigned Florida document number 1.19000190500

Florida document number 1.19000190500	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
MD Director, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 now multiper address if applicables	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If an ending 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
MGR	HK HOLDINGS, LLC		Add
			Remove
		<del></del>	Change
			Remove
			☐ Change
MGRM	HK HOLDINGS, LLC		<b>X</b> Add
			☐ Remove
		<del></del>	Change
	·		<b>X</b> Add
			Remove
			Change
			Remove
			Change
			D Add
			Remove
			Change

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an effec l <mark>ote:</mark> I	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier $90th\ day\ after\ the\ record\ is\ filed.$
ated _	10/10/ 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00