L19000224669

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(=1), =100 = p. () (1)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

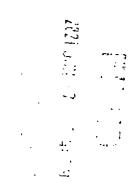
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(120)21

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, Fl. 32314

subject: <u>R1C</u>	HIE B's CBD PRO	DDUCTS LLC		
		. ,		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Richard B 1	Niday Name of Person		
	MICHIE US	Products LLC Firm/Company	-	
				Ę j
	P.O. Box 1893	Address		
	Sanford F	LORIDA 32772 City/State and Zip Code 20@gmail.com to be used for future annual report noti		-
		City/State and Zip Code		
	unclegrineh 202	20@ gmail. com to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca			
Richard Ni	day	at (<u>46.7</u>) <u>536 - 1</u> Area Code Daytim	937	
Name o	i Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	✗ \$60.00 Filing Certificate of Certified Con (additional cop	of Status &
Mailing C.J.L.		Street Address:		
Mailing Address: Registration Section		Registration Sec	etion	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of T	`allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KICHIE BZ CBD			
(<u>Name of the Limited</u> (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L19000224669</u>	•	ptember 5, 2019	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company her	r <u>e</u> :	
RICHIE B'S PRODUCTS The new name must be distinguishable and contain the word	LLC		
The new name must be distinguishable and contain the work	ls "Limited Liability Company," the des	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:		<u> </u>
(Principal office address MUST BE A STREET)	ADDRESS)		<u> </u>
			· s -*
			-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regagent and/or the new registered office address between the new registered office address between the new registered of the new reg		cords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			····
New Registered Office Address:	Entire Elsoi.	la etrast addrese	
	Enter Florida street address		
	Cur	, Florida	Zip Code
	X rip		1-17 × 1711

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
			⊡Change
			
			□Remove
			ClChange
	<u></u>		□ Add
			Remove
			Change
			
			□Remove
			□Change
-			
			□Remove
			□Change

Typed or printed name of signee