·	· · · · · · · · · · · · · · · · · · ·		
		1234	608

(Req	uestor's Name)	
bbA)	ress)	
bbA)	ress)	<u> </u>
(City	/State/Zip/Phone	e #)
PICK-UP		
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	Office Use On	



11/22/19--01018--011 **25.00

S TALLENT JAN 15 2020

2020 JAN 15 AM 10: 36 , . . . ______





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2019

DALE PHILLIPS VERMONT HEMP PARTNERS, LLC 20711 STERLINGTON DRIVE LAND O LAKES, FL 34638

SUBJECT: VERMONT HEMP PARTNERS, LLC Ref. Number: L19000234608

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

FOR THE THIRD ITEM, THE DOCUMENT TO BE CORRECTED IS THE ARTICLES OF ORGANIZATION. PLEASE CORRECT ACCORDINGLY.

The document must be signed by a member or an authorized representative of a member.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 719A00026101

RECT-1VIED 2020 JAN: 15 AM 10: 14

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Vermont Hemp Partners, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dale Phillips

Name of Person

Vermont Hemp Partners, LLC

Firm/Company

20711 Sterlington Drive

Address

Land O Lakes, FI 34638

City/State and Zip Code

dphillips@totalcfo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Phillips 813 , <mark>9099191</mark> Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section** Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

Enclosed is a check for the following amount:

I \$25 Filing Fee

Tallahassee, Florida 32301

S30 Filing Fee & Certificate of Status

Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

Auremant	t to section 605.0209, F.S., this document is being submitted to correct a previously filed doc	-			
	The name of the limited liability company is: Vermont Hemp Partners, LL				
SECONI	The Florida Document number of the limited liability company is: L1900023	4608			
F <u>HIRD</u> :		Organi	eatic		
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	FATEMEN	<u>T</u>		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorre statement are as follows:	ct, and the c	orrected		
-	MANN, ROBERT 20711 STERLINGTON DR. LAND O LAKES, FL 34638				
	Wrong information was submitted				
	Mann Marketing LLC 2360 Corporate Circle #400 Henderson	n, NV 89	074		
-					
9	<u>OR</u>				
	OR Was defectively signed. The manner in which the document was defectively signed and the as follows:	appropriate	gorrectio		
	Was defectively signed. The manner in which the document was defectively signed and the		gorrectio		
	Was defectively signed. The manner in which the document was defectively signed and the				
a 	Was defectively signed. The manner in which the document was defectively signed and the				
	Was defectively signed. The manner in which the document was defectively signed and the as follows:				
	Was defectively signed. The manner in which the document was defectively signed and the as follows: OR The electronic transmission of the record was defective.				
	Was defectively signed. The manner in which the document was defectively signed and the as follows:				
	Was defectively signed. The manner in which the document was defectively signed and the as follows: OR The electronic transmission of the record was defective.	2420			

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)