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| | INC. |

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Neurvana Farms Florida, LLC | | | |
|---|--|---|-----------|
| (<u>Name of the Limit</u> | ed Liability Company as it now appears on a (A Florida Limited Liability Company) | our records.) | |
| The Articles of Organization for this Limited L. | iability Company were filed on09/26/20 | ol9 and assigned | |
| Florida document number L19000235061 | · | | |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | f the limited liability company here: | | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the designa | tion "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applic | able: | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | 019 | |
| | | 30 | |
| | | 12 | - |
| Enter new mailing address, if applicable: | | | ; |
| Mailing address MAY BE A POST OFFICE | <u></u> | | ••• |
| | | <u></u> <u>ω</u> | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | records, enter the name of the n | <u>ew</u> |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida str | eet address | |
| | | Florida | |
| | 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>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------|---------------------|----------------|
| MGR | Kadja Klarreich-Giglio | 1951 NW 77th Avenue | ≡ Add |
| | | Suite 600 | |
| | | Miami, FL 33131 | □ Remove |
| | | Wilding 12 (2012) | Change |
| MGR | Raxshaaz iLahibaks | 1951 NW 77th Avenue | = Add |
| | | Suite 600 | |
| | | Miami, FL 33131 | Remove |
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| October 29 | | 2019 | | | | | | |
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Typed or printed name of signee

Filing Fee: \$25.00