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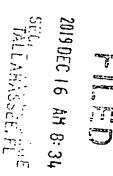
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(Ne	questoi s Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TO: Registration S Division of Co			
	en of Tea II LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shane Cox Sr.		
		Name of Person	·
	The Garden of Tea II LLC		
		Firm/Company	
	1301 1/2 Bayshore Blvd		
		Address	···
	Dunedin, FL 34698		
	dunedinhempcompany@gn		
		to be used for future annual repo	ort notification)
For further information	concerning this matter, please c	all:	
Shane Cox Sr.		727 239-00 at ()	391
Name	of Person		Daytime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Addr Registratio	
	Corporations	-	f Corporations
P.O. Box 63			e of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

The Garden of Tea H LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
	5 29
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation T.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enders and the state of the sta	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	rruer r tortui street adaress
- 	, 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
v 	Liston, Jeffrey C.	1301 Bayshore Blvd, Dunedin FL 34698	□ Add
			■ Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□ Remove
			□Change

		
		
ective date, if other than the	late of filing:	(optional)
effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior to date of fi ck does not meet the applicable statut	filing or more than 90 days after filing.) Pursuant to 605.0207 tory filing requirements, this date will not be listed as
ument's effective date on the De		
	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after the
s filed.		
December 5	2019	
ed		
	J) 6	

Typed or printed name of signce