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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GILMAN CIOCIA INC. Account Name

Account Number : I20120000051 : (305)937-7773 Phone

: (815)301-2897 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE ORGANIC HEMPSTER LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ORGANIC HEMPSTER LLC	
(Name of the Limited Liability Company as It (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for the following for the Liability Company were for th	iled on 10/31/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "ULC" or the abbreviates "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	22
<u></u>	
Enter new mailing address, if applicable:	L'STA
Mailing address MAY BE A POST OFFICE BOX)	<u>' ਜੋ -</u>
If amending the registered agent and/or registered office address gent and/or the new registered office address here: Name of New Registered Agent:	on our records, enter the name of the new regist
Name of New Kerntered Agent.	
New Registered Office Address:	Emer Florida street address
	_
City	, Florida 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 filled 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

Titls	Name	Address	Type of Action
MGR	Chabad of greater Fort Lauderdale	6700 NW 44 ST	■Add
		Lauderhill, FI 33319	□ Remove
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