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Amendicus

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations					
	Hemp & Health Technologies,	LLC			
UBJECT: Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Elliott J. Brown				
		Name of Person			
	Law Office of Elliott J. Bro	own			
		Firm/Company	···		
	33 North Main Street				
		Address			
	Marlboro, NJ 07746				
		City/State and Zip Code	· ***		
	ebrown@elliottbrownlaw.co				
	E-mail address: (to be used for future annual report noti-	fication)		
For further information c	oncerning this matter, please ca	all:			
Elliott J. Brown		732 490-8200 at ()			
Name o	f 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	art a c		
Registration S		Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327			The Centre of Tallahassee		

130

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEGRASS HEMP & HEALTH TECHNOLOGIES, LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on December 3, 2019 and assigned
lorida document number L19000295913	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	any here:
he new name must be distinguishable and contain the words "Limited Liability Company	r," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	.020 SEC
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office address on gent and/or the new registered office address here: 	our records, enter the name of thonew registe
gent and/of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street 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>	Address	Type of Action
MGR	Cecil Boozer	3207 Middlescx RD	□Add
		Orlando, FL 32803	Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Add
			□ Remove

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if ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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•	
(if an ci	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	J. Cam
	Signature of a member or authorized representative of a member
	David M. Klein

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