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C. GOLDEN FEB - 6 2020

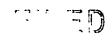
COVER LETTER

TO:

	istration Se ision of Cor			
SUBJECT:	Name Chan	ge for Canabis Clinic of Kissir	nmee, L.L.C.	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		James C. Hemphill		
			Name of Person	
		Chesnut, Bradley & Hempi	hill, Inc.	
			Firm/Company	 _
		1138 New York Avenue		
			Address	
		St. Cloud, Florida 34769-3	3782	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	==
For further is	iformation co	oncerning this matter, please ca	all:	
James C. He	mphill		407 892.1506	
	Name of	f Person	Area Code Daytime Telepho	one Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 I	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: Registration Section			Street Address: Registration Section	
Division of Corporations			Division of Corporations	
). Box 632		The Centre of Tallahassee	
Tal	llahassee, I	L 32314	2415 N. Monroe Stree	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



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s it now appears on our records.) hity Company) re filed on 12/06/19 and assigned company here:
re filed on 12/06/19 and assigned
company here:
company here:
Company," the designation "LLC" or the abbreviation "L.L.C."
<u> </u>
ress on our records, enter the name of the new regist
Enter Florida street address
. Florida

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 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 Type of Action Title Name Address ____ □Remove _____ □Change _____ Remove _____ Change _____ _____ □Add Remove _____ Change ______ □Remove

	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	-
	
	at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ock does not meet the applicable statutory filing requirements, this date will not be listed a
ne record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated January 2	2020
 ,	Synature of a member or authorized representative of a member
James C. Hemphill	

Filing Fee: \$25.00