

L200000

19356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

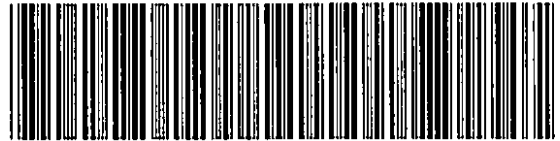
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/23/20--01015--016 **35.00

2020 JUN 15 PM 12:47
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUN 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANNAVENDT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristian Grant
Name of Person

Firm/Company

12374 SW 111 Ln
Address

Miami, FL 33186
City/State and Zip Code

KristianGrant@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristian Grant at (786) 326-7731
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CANNAVENDI LLC

The Articles of Organization for this Limited Liability Company were filed on 01/13/2020 and assigned Florida document number 0124/2020.

If amending name, enter the new name of the limited liability company here:
TWO PEAS HOLDINGS (LLC)

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>	<u>Type of Action</u>
AMBR	Cynthia Sharp	12374 SW 111 Ln	<input checked="" type="checkbox"/> Add
		Miami, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher McNabb	12374 SW 111 Ln	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2020 JUN 1
FILED
FBI - MIAMI
10:10 AM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- Please Note that I sent the Filing Fee with the First Amendment request.

2020 JUN 15 PM 12:47
FILED
JUL 15 2020

E. Effective date, if other than the date of filing: _____ (optional)

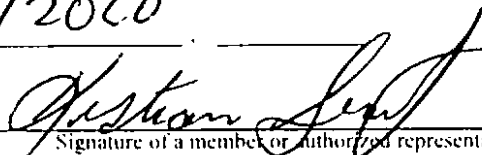
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

05/29/2020



Signature of a member or authorized representative of a member

Kristian Grant

Typed or printed name of signer