L20000062963

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COVER LETTER

Division of Corporations
SUBJECT: hemp Managnia 3, 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:
Stephen Mame of Person
Hemp Signs & Service Troc
1740 Hill Avenue
West Palm Beach, FC 33407 City/State and Zip Code
Steve exempsions (to be used for luture) minual report notification)
For further information concerning this matter, please call:
Stephen M (cm) at (Sel.) 840-6382 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Memo Mangenia 3, LC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Liability Company)	
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The Articles of Organization for this Limited Liability Company were filed on <u>Carried Lactorial</u> and assigned Florida document number <u>L2000CCO (p2963</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

none						
the new name must be distinguishable and contain the w	ords "Limited Liability	Company," the desig	nation "LC" or the a	biji evigiio	1 55 1C	. •1
Enter new principal offices address, if applic	able: _				<u>ت</u>	<u>.</u>
Principal office address MUST BE A STREE	w name must be distinguishable and contain the words "Limited Liability Company," the designation "F.C" or the abiaeviation \$\frac{\text{ELC}}{\text{C}}\$ in the abiaeviation \$\frac{\text{ELC}}{\text{C}}\$ is new principal offices address, if applicable: **cipal office address MUST BE A STREET ADDRESS** **Company** The designation "F.C" or the abiaeviation \$\frac{\text{ELC}}{\text{C}}\$ is new principal offices address. If applicable: **Company** The designation "F.C" or the abiaeviation \$\frac{\text{ELC}}{\text{ELC}}\$ is new principal offices address. If applicable: **Company** The designation "F.C" or the abiaeviation \$\frac{\text{ELC}}{\text{ELC}}\$ is new principal offices address. If applicable: **Company** The designation "F.C" or the abiaeviation \$\frac{\text{ELC}}{\text{ELC}}\$ is new principal offices address. If applicable: **Company** The designation "F.C" or the abiaeviation \$\frac{\text{ELC}}{\text{ELC}}\$ is new principal offices address. If applicable is not applicable is a substitute of the abiaeviation \$\frac{\text{ELC}}{\text{ELC}}\$ is a substitute of the abiaeviation \$\text{ELC}\$ is a substitute of the a					
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Enter new mailing address, if applicable:	-			<u> </u>	٠	
Mailing address MAY BE A POST OFFICE	BOX)			16-		
	-				<u> </u>	
		dress on our reco	rds, <u>enter the nar</u>	ne of the	new re	egistere
Name of New Registered Agent:	none					
New Registered Office Address:	none					
		Enter Florida	street address			
			Florida			
		Circ		Zin C	nte	

New Registered Agent's Signature, if changing Registered Agent;

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

TODGE
H 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>	Name	Address	Type of Action
MGR	Irwa L Keny	Mangana Part & 33	EAdd 3-10 7 □Remove
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n effec	e date, if other than the date of filing: Fe Micay 26, 2020 (opti- tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	r filing) Pursuant to 605	.020
<u>ote:</u> El	the date inserted in this block does not meet the applicable statutory. Bling requirements, this	is date will not be list	ed a
cumen	t's effective date on the Department of State's records.		
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (1	o). The 90th day afte	r the
is filee	l.		
ited _	Hpril 30/ 2020.		
	April 30 / 2020		
	Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00