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	tration Se ion of Cor						
	CBD Mirac	eles, LLC.					
SUBJECT:Name of Limited Liability Company							
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return a	ll correspo	ondence concerning this matter	to the following:				
		Kim McNulty-Dyess					
			Name of Person				
		CBD Miracles, LLC.					
			Firm/Company 6				
		1817 N L Street					
			Address				
		Lake Worth					
		TT 73.420	City/State and Zip Code				
		FL, 33460 E-mail address: (to be used for future annual report	notification)			
For further info	ormation co	onceming this matter, please ca	all:				
Kim McNulty-	Dyess		561 827-3400				
	Name of	「Person	Area Code Da	vime Telephone Number			
Enclosed is a ci	heck for th	ne following amount:					
\$25.00 Fili	ng 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			
	ng Address stration S		<u>Street Address</u> Registration	u Section			
Divis		orporations		Corporations			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

CBD Miracles, LLC.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000105152}{L20000105152}$.	were filed on April 16,	, 2020 and assigned
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liab	1 LC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	tion "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:	1817 N.L. Street	
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth	1
(27 medyar office address F1077 122717710207 1127102107)	FL. 33460	
		- PH
Enter new mailing address, if applicable:		<u>မှာ</u>
		Fig
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our record	
	i nier Florida Sin	vel address
	City	, Florida Zip Code
	C111	2317 1, 0,00
New Registered Agent's Signature, if changing Registered Agent:		,

It Changing Registered Agent, Signature of New Registered Agent

or removed from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			Change
			□Add
			Remove
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			🗀 Add
			□Remove
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(If an effective danse) Note: If the danse	e, if other than the date of filing:	07 (3 as th
he record specif ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ie
Dated May 1	. 2020	
	Signature of a member or authorized representative of a member	
•••		
Kir	m McNulty-Dyess	

Filing Fee: \$25.00