

L20 000105152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

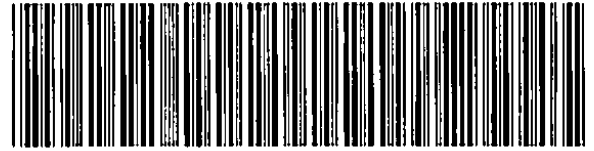
(Business Entity Name)

(Document Number)

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MAY 19 2020

2020 MAY -4 PM 3:41

Amend
MLC

**TO: Registration Section
Division of Corporations**

SUBJECT: CBD Miracles, 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:

Kim McNulty-Dyess

Name of Person

CBD Miracles, LLC.

Firm/Company

1817 N. L. Street

Address

Lake Worth

City/State and Zip Code

FL., 33460

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim McNulty-Dyess

561 827-3402
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

It Changing Registered Agent, Signature of New Registered Agent

DELETED FROM OUR RECORDS.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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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.

Dated May 1, 2020

Typed or printed name of signer

Filing Fee: \$25.00