

K2C CCO 126215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

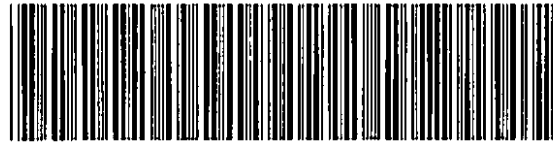
(Document Number)

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K2C



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REC'D JUL 15 11 31 AM
SECRETARY OF STATE
NOTARY PUBLIC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJ Therapy, 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:

Misty James

Name of Person

MJ Therapy, LLC

Firm/Company

2940 E Park Ave 2D

Address

Tallahassee, FL 32301

City/State and Zip Code

mjtherapy2020@gmail.com

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

For further information concerning this matter, please call:

Misty James

850

727-7993

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

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

MJ Therapy, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/09/2020 and assigned
Florida document number L20000126218

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Misty James

New Registered Office Address:

2940 E Park Ave 2D

Enter Florida street address

Tallahassee

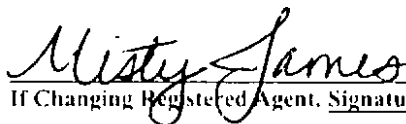
Florida 32301

City

Zip Code

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

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.


Misty James

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>
MGR	Misty James	2940 E Park Ave 2D	<input type="checkbox"/> Add
		Tallahassee, FL 32301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Copy of Marriage License included

2022 JUN 15 PM 3:51
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

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 July 11, 2022

Misty James
Signature of a member or authorized representative of a member

Misty James
Typed or printed name of signee

STATE OF FLORIDA, COUNTY OF LEON

I HEREBY CERTIFY that the above and foregoing
is a true and correct copy of an instrument recorded
in the official records of Leon County, Florida

WITNESS my hand and seal of office this 17th
day of June 2022

GWEN MARSHALL
Clerk of County Court

A. Coleman D.C.



Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2022 ML 1535264
(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) CLAYTON JOHANN JAMES		10. MAIDEN SURNAME (if applicable)	
2. DATE OF BIRTH (Month, Day, Year) 10/12/1977		4. BIRTHPLACE (State or Foreign Country) FLORIDA	
3a. RESIDENCE - CITY, TOWN OR LOCATION TALLAHASSEE		3b. COUNTY LEON	
5a. NAME OF SPOUSE (First, Middle, Last) MISTY MARIE LAVONDA ROBERTSON		5b. MAIDEN SURNAME (if applicable)	
6. DATE OF BIRTH (Month, Day, Year) 08/19/1982		6. BIRTHPLACE (State or Foreign Country) FLORIDA	
7a. RESIDENCE - CITY, TOWN OR LOCATION TALLAHASSEE		7b. COUNTY LEON	
8. STATE FLORIDA		8. STATE FLORIDA	
I, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR MYSELF OR MYSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE OR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF SPOUSE (Sign all parts using black ink) <i>[Signature]</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/13/2022	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Sign all parts) <i>[Signature]</i> D.C.	
13. SIGNATURE OF SPOUSE (Sign all parts using black ink) <i>[Signature]</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/13/2022	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Sign all parts) <i>[Signature]</i> D.C.	
LICENSE TO MARRY			
A. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO solemnize the marriage of the above named persons. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE LEON	18. DATE LICENSE ISSUED 05/13/2022	19a. DATE LICENSE EFFECTIVE 05/16/2022	19b. EXPIRATION DATE 07/15/2022
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i> GWENDOLYN MARSHALL		20b. TITLE CLERK OF THE CIRCUIT COURT AND COMPTROLLER	
20c. BY D.C. JSP			
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) 06-10-2022		22. CITY, TOWN OR LOCATION OF MARRIAGE Tallahassee, Florida	
23. SIGNATURE OF PERSON PERFORMING CEREMONY (Sign all parts) <i>[Signature]</i>		24. ADDRESS (For person performing ceremony) 3058 Kestrel Lane	

