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ECRETARY OF STATE LLAHASSEE, FLORIDA

20 JUL -7 AM 7:

COVER LETTER

TO: Registration S Division of Co				
YES YOU SUBJECT:	CANNABIS			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Maritza Pasquier			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	YES YOU CANNABIS			·
		Firm'Company		
	10800 NW 21 Street stc 1,	30		
		Address		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Miami FL 33172			PILE PILE
	maritza.pasquier@logistics	City/State and Zip Code		FILED JUL-7 A
		to be used for future annual report noti	fication)	巴哥 星 "
For further information c	oncerning this matter, please c	all:		ED TIME
Maritza Pasquier		305 2352566		<u> </u>
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of State Certified Copy tadditional copy is enc	
Mailing Addres Registration S Division of C P.O. Box 632	oction orporations	Street Address: Registration See Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YES YOU CANNABIS	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records,)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0.53}{100}$	/26/2020 and assigned
lorida document number L20000143233	-
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company he	ere:
YES YOU CANNABIS LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	ALL:
	AF JUL
	S 1 1
nter new mailing address, if applicable:	mo P
Mailing address MAY BE A POST OFFICE BOX)	Fo
	7: ts
	>
. If amending the registered agent and/or registered office address on our registered office address on our registered agent and/or the many projection of effects of the control of the c	ecords, enter the name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	ida street address
Ener Prov	ши энеег ишигуу

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.

Ciţy

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>	Address	Type of Action
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			□Remove
			□Add
			TRemove
			Change
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			□Remove
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			□Add ₽v. ≥
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssarv.)	
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E. Effective date, if other than the date of filing: (option		
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days offer.)	( <b>ar)</b> ling.) Pursuant to 605	5.0207 (3 <b>қ</b> b
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	iate will not be list	ed as the
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 arte	г the
record is filed.	·	
Dated 2020		
Dance The state of		
Signature of a member or authorized representative of a member	<del></del> -	
MARITZA PASQUIER		
Typed or printed name of signee		

Filing Fee: \$25.00