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C. GOLDEN 41/6 2 9 2020

COVER LETTER

	ation Section 1 of Corpora					
CA SUBJECT:	N.NAB.I.NO	DID, LLC				
SUBJECT:		Name of Lim	ited Liability Co	mpany		
The enclosed Art	icles of Ame	ndment and fee(s) are sub-	mitted for filing	Ļ.		
Please return all o	corresponder	ice concerning this matter	to the following	ž :		
	1	RASTRELLI, MOLLY E				
	_		Name of I	Person	· · · · · · · · · · · · · · · · · · ·	
	(CAN.NAB.I.NOID, LLC				
	_		Firm/Con	npany		
	:	3110 SE SLATER STREE	T			
	_		Addre	ss		
	:	STUART, FL 34997				
	_	**	City/State and	Zip Code		
	_		nabinoidcorp@g		···	
		E-mail address: (I		ure amuual rep	ort notificati	on)
For further inform	nation conce	rning this matter, please ca	all:			
JOHN RYAN R.	ASTRELLI		561 at ()		
	Name of Pers	oon	Area	Code	Daytime Tel	ephone Number
Enclosed is a che	ck for the fol	llowing amount:				
■ \$25.00 Filing	g Fee 🗀	1 \$30.00 Filing Fee & Certificate of Status	S55.00 F Certifiec (additional		ed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	Address: ration Section of Corpo ox 6327 assee, FL 3	orations		Division of The Centre 2415 N. N	on Section of Corpora re of Talla	ations hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2520. "F 20 AHH: 27

CAN.NAB.I.NOID, 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 $\frac{06/02/2020}{1}$ and assigned Florida document number L20000149678 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CAN NAB LNOID HEALTH, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address __, Florida ___ Ciw

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.

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
			□Add
			□Remove
		·	
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effe <u>e:</u> l	ve date, if other than the date of filing:
cord i file	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 d.
ed_	7-17-20 Molly Exastralli Signature of a member granthonized representative of a member
	Molly CRastrelli
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00