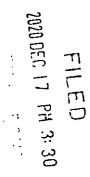
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1/27/21

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Deri	MaBliss CBD Name of Limi	LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Paul V. Pi	Name of Person	
	DermaBlis	S CBD LLC Firm/Company	
	4523 Lak	e Lawne Ave	
	Orlando	FL 32808 City/State and Zip Code	
	Paulriver E-mail address: (1	S@msn.lom o be used for future annual report noti	fication)
Por further information c	oncerning this matter, please ca	ill:	
Paul V. R. Name o	VUS f Person	at (<u>391)</u> <u>(89</u> Area Code Daytim	- 6990 ne Telephone Number
nclosed is a check for th	ne 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:

TO:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Derma Bliss CBD LLC

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000316848</u>	were filed on $\frac{7}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	2020 C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4523 Lake Lawne Are Orlando, FL 33808=
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Paul New Registered Office Address: 4533 I Oclar	V. RIVERS Lake Lawne Ave Enter Florida street address City Stock 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.

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> Type of Action <u>Address</u> MGR Stevenson, Sterling 2428 Piedmont St DANGE Charla R. Handley 4523 Lake Lawne Ave LAdd Orlando, FL 32808 DRemove □ Change □Add Remove □ Change \square Add Remove ☐ Change □ Change □Add ☐ Remove _____ □Change

	202
	DEL
	30
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to de: If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605,020 e statutory filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, if filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed December 14th 2020	
0/100:00	¢.
Then I May Due	فد
Signature of a member or authorize	ed representative of a member