

K2C000292341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

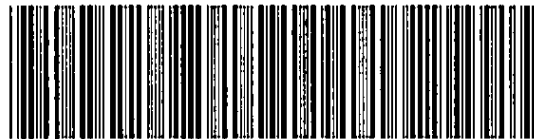
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 24 PM 2:13
CLERK OF DISTRICT COURT
JANUARY 1, 2022

45
10/3/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hemp Health Enterprises of the Redlands, 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:

Caridad Lamelas

Name of Person

Hemp Health Enterprises of the Redlands, LLC

Firm/Company

7340 N. Augusta Drive

Address

Hialeah, FL 33015

City/State and Zip Code

cylamelas17@bellsouth.net

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

For further information concerning this matter, please call:

Caridad Lamelas

Name of Person

at (305) 298-8429

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

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2021 SEP 24 PM 2:13
TALLAHASSEE, FL

Hemp Health Enterprises of the Redlands, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

A. If amending name, enter the new name of the limited liability company here:
Health Enterprises of the Redlands, LLC
 The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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>
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FILED
SEP 13 2013
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA
CLERK'S OFFICE

7/21 SEP 21 PI 2:13
A-000689

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2021 SEP 21 PM 2:13
CLERK OF DISTRICT COURT
JULIA A. HARRIS

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 September 21, 2021

Paula y Pamela

Signature of a member or authorized representative of a member

Caridad Y. Lamelas

Typed or printed name of signee

Filing Fee: \$25.00