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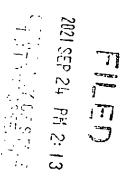
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(Business Entity Name)
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(Document Number)
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COVER LETTER

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
Hemp Health Enterprises of the Redlands, La
7340 N. Augusta Drive
Hialpah, FL 33015
Cylamelas 17@ be 150 th, net 150 the 1
For further information concerning this matter, please call:
Caridad Lamelas at 3343 298-8429 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$(additional copy is enclosed)\$\$ Certificate of Status & \$\Bigcup \$(additional copy is enclosed)\$\$ 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

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 Florida Limited I	.iability Company)	,	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000</u> 29 234	were filed on	$\frac{\sqrt{30/2021}}{2021}$ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Health Enterprises of The new name must be distinguishable and contain the words "Limited Liabil	the R	edlands, LLC	
Enter new principal offices address, if applicable:	n/a	د-۲	
(Principal office address MUST BE A STREET ADDRESS)		7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	na	PH PH 22	
		F ₁ ω	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our rec	ords, enter the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	711	, Florida	
Non-Basis and Assess Circums of the size Designated Assess	City	Zip Coxte	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	· ·	,	

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:

If differential Addition the Telegraphic and the manage, enter the thirty and addition of their person being	4444
or removed from our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursu	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	n. on the earlier of: (b) The 90th	ı day after the
ated September 21. 2021		
Cauds J Jamela. Signature of a member or authorized representati	ve of a member	

Filing Fee: \$25.00