(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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O SIMMONS MAY 27 2021

COVER LETTER

Division of Corpo			
SUBJECT: CAYM	an Talcott 1	I <i>C</i>	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Cayman	Talcott Name of Person	
	<u>Cayman</u>		
		Lh .	
	16204 NW	78 Avenue Address	
	Alachua, FL	_ 32615 City/State and Zip Code	
	Caymantalcat E-mail address:	Ha amail. Com	lication)
For further information cor	acerning this matter, please ca	all:	
Carman Ta	JCOH.		2664
Name of F	Person	Area Code Daytime	e 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)
		Sec. 441.	

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

RECEIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cayman Tak	ott LLC 2022 FIAR 24 PH 5: 30
	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $L2000295748$	Company were filed on $\frac{9/21/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
WildFlower Wellness LL The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	Gainesville, FL 32653
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent: New Registered Office Address:	red office address on our records, enter the name of the new registered: 623 NW 53-4 Ave Suite 9 Enter Florida street address ainesville, Florida 32653
<u>C</u>	oinesville, Florida 32653 City 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.

tr 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:

2022 Mar 21 Dr	AMBR = Authorized Member		19 July 19 Jul	
Change			2022 MAR 24 PH 5: 31	Type of Action
Change				□ Add
				□Remove
				□Change
ChangeAddRemoveChange		<u>-</u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
				Remove
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□Add			**	□Change
				🗀 Add
□Remove				□Remove
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□Change				
□Remove				

amending any other information, enter change	the same and the s
	2022 MAR 24 PM 5: 30
	Sec
	·····
	
	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) e applicable statutory filing requirements, this date will not be listed as the records.
record specifies a delayed effective date, but not an effective date.	Sective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated March 20th, 20 april Jakot	021.
(myrun Taliott	
	=
Signature of a member	r or authorized representative of a member