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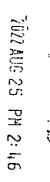
(Re	questor's Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
<u>(C</u>	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	Registration Se Division of Cor				
CUDIE/	WE HAVE HEMP LLC T:				
SUBJEC	, I ; <u> </u>	Name of Lin	nited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		MICHAEL MCCUTCHE	NC		
			IEON Name of Person Firm/Company STE G Address Address 17 City/State and Zip Code AlL.COM s: (to be used for future annual report notification) e call:		
		WE HAVE HEMP LLC			
			Firm/Company		
		1111 ENTERPRISE CT S	TE G		
			Address		
		HOLLY HILL, FL 32117			
			•		
		WEHAVEHEMP@GMAIL		(Gasian)	
For furth	er information c	oncerning this matter, please c		meation)	
MICHA	EL MCCUTCHI	EON			
Name of Person			ne Telephone Number		
Enclosed	is a check for th	ne following amount:			
□ \$2 5.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
	Mailing Addres		Street Address:	action	
Registration Section Division of Corporations		Registration Se Division of Co			
	P.O. Box 632	7	The Centre of	Tallahassee	
	Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

We Have Hemp LLC	25
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 1/25/21 and assigned
lorida document number L21000044538	σ
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
RECREATIONAL LLC	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:	1111 ENTERPRISE CT STE G
Principal office address MUST BE A STREET ADDRESS)	HOLLY HILL, FL 32117
Inter new mailing address, if applicable:	1111 ENTERPRISE CT STE G
Mailing address MAY BE A POST OFFICE BOX)	1111 ENTERPRISE CT STE G
3. 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 register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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.

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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date must be	ate of filing:		4		(optional)) Dumunut to	. 205 02 0
te: If the date inserted in this block	k does not mee	et the applicab	le statutory fi	ling requirement	nts, this date	will not be	listed a
cument's effective date on the Depa	arment of Star	ie s recoras.					
ecord specifies a delayed effective d is filed.	late, but not ar	effective tim	e, at 12:01 a.i	n, on the earlie	rof: (b) Th	ie 90th day	after the
ed AUGUST 18		2022	. •				
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Michael 1	M			ive of a member			_