L21000070894

(Requestor's Name)	
(Address)	500365300
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	05/10/2101026
(Business Entity Name)	501 16 E1 61666
(Document Number)	
Certified Copies Certificates of Status	·
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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: RetraCB	D, LLC				
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Nathan Elliott				
		Name of Person			
	RetraCBD, LLC				
		Firm/Company			
	4203 Saint Francis C	Dir Control of the Co			
		Address			
	Jacksonville, FL 322	10			
		City/State and Zip Code			(2)
	nathan@retracbd.con			1021	_
	E-mail address: (to	be used for future annual report notifica	tion)		. [
For further information c	oncerning this matter, please ca	H:		01 AYA 100	
Nathan Elliott		at (904) 382-2646		A :	: 1
Name o	f Person	Area Code Daytime T	elephone Number	 II: 2կ	
Enclosed is a check for the	ne following amount:			-	
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RetraCBD, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears on Liability Company)	our records.)	-	
The Articles of Organization for this Limited I Florida document number L21000070898	Jability Company	were filed on $\frac{2/10/2}{2}$	2021	and	assigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the a	bbreviation	rL.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4203 Saint Fran			
		Jacksonville, FL 32210			
		1650 Margaret	St		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Suite 302 #275			
		Jacksonville, Fl	32204	202	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on ou <u>e</u> :	r records, <u>enter</u>	the nar	me of the no
Name of New Registered Agent:	Nathan Ellic	ott		^ ==	<u> </u>
New Registered Office Address:	4203 Saint	Francis Cir		24	
		Enter Florida s			
	Jacksonville 		, Florida <u></u>	2204	
		Circ		Zin Ci	wh

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>	Address	Type of Action
AMBR	Nathan Elliott	4203 Saint Francis Cir	 Add
		Jacksonville, FL 32210	Remove
			☐ Change
AMBR	Mike Von Balson	4105 Heath Rd	D Add
		Jacksonville, FL 32277	☐ Remove
			∠ Change
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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 lote: If the date inserted in this block does not meet the applicable statutory is ocument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 6	05,0207 (sted as t
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. on the ear	lier of:
Dated 5/5/2021		

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Typed or printed name of signee

Filing Fee: \$25.00