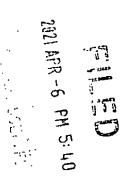
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

American Indian Marijuana LLC SUBJECT: 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: Taylor Lopez Name of Person American Indian Marijuana LLC Firm/Company 138 Seville Chase Drive Address Winter Springs, FL 32708 City/State and Zip Code taylorelopez93@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 689 - 2505 Taylor Lopez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Indian Marijuana LLC		779
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on February 23rd, 2021	and assigned
Florida document number 1.21000089204		\$ 100 mg
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
American Indian LLC		
he new name must be distinguishable and contain the words "Limited I	.iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	278 Church Road, Bruce, FL 324	455
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	278 Chruch Road, Bruce, FL 324	455
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>enter th</u>	ne name of the new registe
Name of New Neglitered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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
		<u></u>	□Add
			□Remove
			□Change
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			□Remove
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		<u> </u>	□Remove
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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 more than the late inserted in this block does not meet the applicable statutory filing requilectment's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the listilled.	arlier of: (b) The 90th day after the
ated April 2nd 2021	
Signature of a member or authorized representative of a me	niber
Taylor Lopez	