K21000216168

| (Requestor's Name) | |
|---|-------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of | Status |
| Special Instructions to Filing Officer: | |
| Q. SILAS | |
| MAK 18 2022 | |
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Office Use Only



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FILED 1022 MAR II PM 2: 23 SECRETARY OF STATE SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

RECEIVED

2022 MAR | | AM | |: 35

SECRETARY OF STATE TALLAHASSEE, FL

February 18, 2022

YASMINA PEART 10581 SW 141ST DRIVE MIAMI, FL 33176

SUBJECT: MY MOJO CBD LLC Ref. Number: L21000216168

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 122A00004127

COVER LETTER

| 70: Registration Se Division of Cor | | | |
|---|---|---|---|
| SUBJECT: | 111111111 | PD LC ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Yasmina | Peart Name of Person | |
| | Му Мото С | BD LLC Firm/Company | · |
| | 10281 2M 1 | Address | |
| | Miami FL | 3317 6 City/State and Zip Code | |
| | Peartyasmina E-mail address: (| City/State and Zip Code O MON COM to be used for future annual report notif | lication) |
| For further information c | oncerning this matter, please ca | | |
| Yasmina Name o | Peart Person | at (78 tc) 218-1 Area Code Daytime | C) & |
| Enclosed is a check for the | ne 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) |
| Mailing Addres | <u>s:</u> | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 FILED OF 2022 MAR 11 PM 2: 23

| (Name of the Limited Liabil | JO CBD L | w appears on c | SECRETARY OF | STATE |
|--|---------------------|-------------------|----------------------------|-----------------------|
| The Articles of Organization for this Limited Liability (Florida document number 12100210) (88 | Company were file | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lime. Mariguana Labs LLC The new name must be distinguishable and contain the words "Line". | | | ution "LLC" or the abb | reviation "L.1.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD) | RESS) | - | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address o | n our record | ls, <u>enter the na</u> me | of the new registered |
| Name of New Registered Agent: | | . - | | ···· |
| New Registered Office Address: | E | inter Florida str | reet 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 |
|--------------|---------------|----------------------------|-------------------|
| AMBR | Fezon Glinton | 10581 SW 1418+ Drive, Mian | 11, FL, 5376 XAdd |
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|). If amending | g any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effective on Note: If the | te, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records. |
| the record spececord is filed. | ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | February 2, 2022. |
| _ | Signature of a member or authorized representative of a member |
| | Yasmina Peart Typed or printed name of signee |