

To: +18506176383

Page: 2 of 3

2021-11-21 04:58:36 PST

LegalZoom.com, Inc.

From: Laura Rodriguez

11/21/21, 4:56 PM

Division of Corporations

L21000429547 233

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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GREENTHUMB PLANT HEALTHCARE L.L.C.

Certificate of Status	0
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GREENTHUMB PLANT HEALTHCARE L.L.C.  
\_\_\_\_\_  
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:

Cheyenne Moseley

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

101 N Brand Blvd 11th Fl

\_\_\_\_\_  
Address

Glendale, CA 91203

\_\_\_\_\_  
City/State and Zip Code

drgreenthumbphc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$50.00 Filing Fee &  
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☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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(additional copy is enclosed)

**MAILING ADDRESS:**

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

GREENTHUMB PLANT HEALTHCARE LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
OFFICE OF STATE  
CLERK OF FLORIDA  
2021 NOV 22 AM 10:17  
DIVISION OF CORPORATION

The Articles of Organization for this Limited Liability Company were filed on 06/02/2021 and assigned  
Florida document number 1,21000256233.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

520 7th St. W, Unit. 811

**(Principal office address MUST BE A STREET ADDRESS)**

Palmetto, Florida 34221

Enter new mailing address, if applicable:

520 7th St. W, Unit. 811

**(Mailing address MAY BE A POST OFFICE BOX)**

Palmetto, Florida 34221

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Vasiliou		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		520 7th St. W. Unit. 811 Palmetto, Florida 34221	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 NOV 22 AM 10:17

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional):

(f) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Please refer to 605.0207 (3 c).

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

**Date:**

10/28/21

Signature of a member of authorized representative of a vendor

Michael Vasilkov

Type of printed name of signee: