Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773

Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Behimetzky 600 and. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CBD-ESSENTIALS MIAMI LLC

2021 JUL 14 FM 3: #2

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CBD-ESSENTIALS MIAMILLC				
(Name of the Limited Lia) (A Flor	pility Company as it now appears on our records.) Ida Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on 06/11/2021	and assigned		
Florida document number L21000273674	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
NDA HOLDINGS MIAMI LLC				
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or			
Enter new principal offices address, if applicable:		\$\$(0) S\$(0) S\$(0)		
(Principal office address MUST BE A STREET ADL	DRESS)			
		t co		
Enter new mailing address, if applicable:		PM RPC		
(Mailing address MAY BE A POST OFFICE BOX)		77 A A		
portations address MAT DE ATOST OFFICE BOAY				
				
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the</u> :	name of the new registered		
Name of New Registered Agent:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floridu street address			
	, Florid	la		
	Cin.	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 Title Name 1 <u>Address</u> Type of Action ______ □Remove _____ □Change ____ □Remove □ Chango _ 🗆 📆 nge 🛱 _____ Change _____ 🗆 🗀 Add □ Remove _____ □Remove

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ecord specifies a delayed is filed.	effective date, but	not an effective	time, at 12:01 a.m	on the earlier of: (b) The 90th day aff	ter i!
1ed		2021	··			
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Typed or printed name of signee