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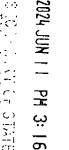
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
OUD IN OR	CBD Store LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ashlie Adams		
	_	Name of Person	
		Firm/Company	
	6990 Richardson Rd		
	110-37	Address	
	Sarasota FL 34240		
		City/State and Zip Code	
	hello@getpawzitive.com	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ashlic Adams		802 598-8736 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
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 Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Canna CBD Store		
(Name of the Limited Liability) (A Florida D	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L22000086414	mpany were filed on March 2, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Get Pawzitive LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(SS)	
		202
	판	PRZY JUN
Enter new mailing address, if applicable:	<u></u>	Z
Mailing address MAY BE A POST OFFICE BOX)		_ [
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B. If amending the registered agent and/or registered of	office address on our records, enter the nam	e of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CDD C

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
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
			□Add
			□Remove
			□Change

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(If an e	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Data	6/3/2024
Dated	'—————————————————————————————————————
	Signature of a member or authorized representative of a member
	AshlieAdams Typed or printed name of signee