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COVER LETTER

TO: Registration S Division of Co			
CBD Thera	ipy, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Darlene J Smith		
		Name of Person	
	Plant Organix, LLC		
		Firm/Company	
	3817 Jasmine Lane		
		Address	
	Coral Springs, FL 33065		
	Sales@plantorganix.org	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
Darlene J Smith		954 258-7115	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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 OF

CBD Therapy, LLC	
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)
he Articles of Organization for this Limited Liabili orida document number	ity Company were filed on and assigned
is amendment is submitted to amend the following	g:
. If amending name, enter the new name of the	limited liability company here:
lant Organix, LLC	
ne new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	:
Principal office a <u>ddress MUST BE A STREET Al</u>	DDRESS)
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	Q
	_
 If amending the registered agent and/or regist gent and/or the new registered office address he 	tered office address on our records, <u>enter the name of the new registere:</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	chier r tortaa street adaress
<u> </u>	, Florida
	City Zin 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
		 	
			□Remove
			□Change
			□ Remove
			□Change
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ective date, if other than	the date of fili	ng:		(optio	onal)
n effective date is listed, the date te: If the date inserted in thi	s block does not	meet the applicab	le statutory filing	requirements, this	date will not be listed
cument's effective date on th	e Department of	State's records.			
ecord specifies a delayed effe	ective date, but no	nt an effective tim	e at 12:01 a.m. o	in the earlier of: (b). The 90th day after t
s filed.	etive date, out in	or an encente inn	c, at the or a.m. o	in the curren or. (o	, The John day and
July 21		2022			
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Dorkers	21.2	member or author	_		