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SECRETARY OF STATE

2022 OCT 28 AHH:

COVER LETTER

Division of Cor				
	IGS KUSH LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	KENNETH G HALSTEA	D		
		Name of Person		_
	enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: KENNETH G HALSTEAD Name of Person FRIDAY ENTERPRISES Firm-Company 901 PARK ST N Address ST PETERSBURG, FL 33710 City/State and Zip Code KENGHALL74@GMADL.COM B-mail address: (to be used for future annual report notification) further information concerning this matter, please call: NNETH HALSTEAD Name of Person 727 Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	~		
		Firm Company		022 (SEC!
	901 PARK ST N			DCT 2 RETA
		Address	· -	- 元元
	ST PETERSBURG, FL 33	3710		
	<u></u>	City/State and Zip Code		: 12
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For further information of			uncation)	
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		at (
Name o	of Person	Area Code Dayti	me Telephone Numb	÷r
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee		Certified Copy	Certific Certifie	ate of Status & d Copy
			ection	
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				010
Tallahassee,	FL 32314	2413 N. Monr	oe Street, Suite	OLU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL THINGS KUSH LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we lorida document number $\frac{L22000328011}{L22000328011}$.	vere filed on 07/15/2022	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabili	ty company here:	
		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		022 0 132 0
	<u> </u>	
		28
nter new mailing address, if applicable:		30 = 17
Mailing address MAY BE A POST OFFICE BOX)		mo = lad
		्राह्म 12
3. If amending the registered agent and/or registered office ad	dress on our records, enter the nat	ne of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Part Part and Ma	
	Enter Florida street address	
 -	, Florida	Zin Code
	1 111.	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
AMBR	KIRK BOURGEAU	6885 64TH AVE PINELLAS PARK FL 33781	
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te: If the date inserted in this block	k does not meet the applicable statute			
cument's effective date on the Depa	artment of State's records.			
cord specifies a delayed effective d s filed.	late, but not an effective time, at 12:0)1 a.m. on the earlier of: (b) T	he 90th day aft	ier the
OCTOBER 26	2022			

Signature of a member or outhorized representative of a member

Typed or printed name of signee

Kenneth Halstead