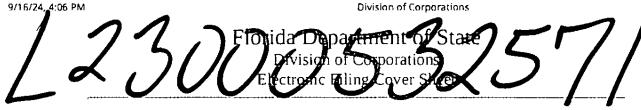
Division of Corporations

Page: 1/4



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:	 	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARIJUANA RX LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

SEP 1.7 2024

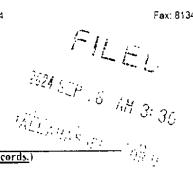
Electronic Filing Menu

Corporate Filing Menu

Help

9/16/2024 13:10:23 PDŢ To: 18506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MARIJUANA RX LLC

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

The Articles of Organization for this Limited Liability Company	y were filed on 12/01/2023	and assigned
Florida document number L23000532571		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company herè:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Planness.	Emer Florida street address	
	, Flo	ridaZip Code
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F	II am familiar with and T.S. Or, if this document is
If Ch	anging Registered Agent, Signature of	New Registered Agent

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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	<u>Name</u>	Address	Type of Action
AMBR	Evans, Mya	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	<b>≡</b> Remove
			□Change
AMBR	Evans, Travis	7901 4TH ST N STE 300	<b>⊞</b> Add
		ST. PETERSBURG, FL 33702	□Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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			□Change

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Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be price.  Note: If the date inscrted in this block does not meet the applitudenment's effective date on the Department of State's record.	able statutory filing requirements, this date will not be	o 605.0207 (. e listed as tl
record specifies a delayed effective date, but not an effective d is filed.	ime, at 12:01 a.m. on the earlier of: (b). The 90th day	after the
September 16th 2024		
1 A Car	n i A-h	
IV al SV.	orized representative of a member	