

L24 0000006020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

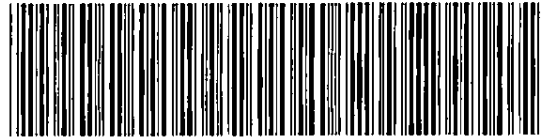
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL
KTH
2/15/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

420 Homes #5 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Bowles

Name of Person

~~420 Homes #5 LLC~~ 420 Homes #5 LLC

Firm/Company

2251 topline way

Address

Brooksville FL 34604

City/State and Zip Code

Jimmy @ the Hemp Dispensary.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Bowles

Name of Person

at (352)

Area Code

942-2215

Daytime Telephone Number

Enclosed is a check for the 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

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2024 JAN 22 PM 3:40
TALLAHASSEE, FL

420 Homes #5 LLC

~~If Changing Registered Agent, Signature of New Registered Agent~~

Title	Name	Address	Type of Action
M6R	James F Bowles V (Remove)	7028 mayhill ct. Spring Hill, FL, 34606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
M6R	Anthony P Hamrick (Remove)	14229 Leybourne Way Spring Hill, FL, 34609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
M6R	Healing Emotionally mentally physically uc (Add)	6175 Deltona Blvd. Suite 104 Spring Hill, FL. 34606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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2014 JUN 22

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 01/12/24 4:19 PM

James F. Bowles ✓

Filing Fee: \$25.00