

To:

Page: 2 of 5

2024-06-28 20:29:58 GMT

13053284774

From: Yanet Avila

6/28/24, 2:12 PM

Division of Corporations

m2b00004275

Florida Department of State
Division of Corporations
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JUL 01 2024

To:

Page: 3 of 5

2024-06-28 20:29:58 GMT

13053284774

From: Yanet Avila

850-617-6381

6/28/2024 4:03:12 PM PAGE 1/001 Fax Server



June 28, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BIO MED CBD LLC
1300 NORTH OCEAN BLVD SUITE 405
POMPANO BEACH, FL 33062

SUBJECT: BIO MED CBD LLC
REF: M21000004275

Please accept our apology for failing to mention this in our previous letter.

The form you submitted is for a Florida LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: H24000220605
Letter Number: 724A00014275

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BIO MED CBD LLC

Enter new principal office address, if applicable:

1900 S OCEAN BLVD APT 15-B

(Principal office address
MUST BE A STREET ADDRESS)

POMPANNO BEACH, FL 33062

Enter new mailing address, if applicable:

UPS STORE 2436 N FEDERAL HWY

(Mailing address
MAY BE A POST OFFICE BOX)

LIGHTHOUSE POINT, FL 33064

2. The Florida document number of this limited liability company is: M21000004275

3. Jurisdiction of its organization: SOUTH DAKOTA

4. Date authorized to do business in Florida: 04/12/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CHRISTOPHER GOLDSTEIN

New Registered Office Address: 1900 S OCEAN BLVD APT 15-B

Enter Florida Street Address

POMPANNO BEACH

City

Florida 33062

Zip 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.

/s/ Christopher Goldstein

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/ Christopher Goldstein

Signature of the authorized representative

CHRISTOPHER GOLDSTEIN

Typed or printed name of signee

Filing Fee: \$25.00