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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	NORML of Florida, I	nc.		
	N09000002270			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
Karen S. Goldstein				
		(Name of Contact	Person)	<u></u>
NORML of Florida, Inc.				
		(Firm/ Compa	ny)	
3341 SW 35th Steet				
	·	(Address)		
West Park, FL 33023				
	(City/ State and Zi	p Code)	
normlflorida@gmail.com				
Ĭ.	-mail address: (to be used	for future annual r	eport notification	1)
For further information conc	erning this matter, please of	eall:		
Karen S. Goldstein		:	954 at	303.9254
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	a Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	<u>Address</u>	<u>\$</u>	Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ORML of Florida, Inc.

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NORML of Florida, Inc.		IJIMI 4 IN 0 TO	
(Name of Corporation	as currently filed with the Flo	orida Dept. of State)	
N09000002270			
(Docum	nent Number of Corporation (if	known)	
(1200411	The state of the s		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not F</i>	Cor Profit Corporation adopts the following	
A. If amending name, enter the new name of the	corporation:		
		The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ed" or the abbreviation "Corp." or "Inc."	
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>			
- -	· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		
D. If amending the registered agent and/or regis	stered office address in Florida	enter the name of the	
new registered agent and/or the new register		y enter the manie of the	
Name of New Registered Agent:	Karen S. Goldstein		
	3341 SW 35th Street		
	(Florida street address)		
New Registered Office Address:			
	West Park	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I	Registered Agent:		
l hereby accept the appointment as registered agen		ot the obligations of the position.	
	(aun S.S	oldstein	
-	Signature of New Reg	stered Agent, if changing	

'If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	John A. Makris	20967 Cipres Way
X Add			Boca Raton, FL 33433
Remove			
2) Change	D	Tony A. Clymer	14400 SW 96th Avenue
Add			Miami, FL 33176
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•		02/21/2015		
l'he	e date of each amendment(s) ado			, if other than the
late	e this document was signed.	•	c 1.1-n.	
	<u> </u>	diatlely	DIVIE FARX	
Effe	ective date if applicable:	•	TO SEE CONTINUES.	
	<u></u>	(no more than 90 days aft	er amendment file date 15 MAY -4 PA	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3: 63
Nat	e: If the date inserted in this bloc		statutory filing requirements, this date will	
	ument's effective date on the Dep		naturory ming requirements, and date min	not be fisted as the
	milent seriective date on the Bep	arment of State 3 records.		
s da	option of Amendment(s)	(CHECK ONE)		
***	prior of Amendment(s)	(CHECK ONE)		
	Th			
		•	umber of votes cast for the amendment(s)	
	was/were sufficient for approval	•		
_				
			dment(s). The amendment(s) was/were	
	adopted by the board of director	'S.		
	Dated			
		Y'_{0} , g , Q	1 CLr.	
	Signature	Laures 1900	CS UW	
	(By the chairn	nan or vice chairman of the boa	rd, president or other officer-if directors	
	have not beer	n selected, by an incorporator -	if in the hands of a receiver, trustee, or	
	other court ar	ppointed fiduciary by that fiduc	iary)	
	·		•	
	' Karen S. C	Galdstein		
	rearen 5.	Solustem		
	*****	(Typed or printed	name of person signing)	
		(a) pen er primer	timit of private bigg,	
	12 - 2	Discut on		
	Executive	Director		
		/Title	of person signing)	
		(Title	or person signing)	