# P140000111025

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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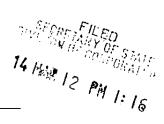
Amend (a) 3.13.14

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR			A FLORIDA, INC.
DOCUMENT NUMB	<sub>ER:</sub> <u>P1400001162</u>	3	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this man	tter to the following:	
	ANA GUZMAN		
-		Name of Contact Person	1
-		Firm/ Company	
	7685 SW 104 ST	• •	
_		Address	
	<u> MIAMI, FL 33156</u>		
_		City/ State and Zip Code	2
ANA	A@JEFFREYFEII		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
ANA GUZMA	N	at (305	670-7700
Name o	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building accutive Center Circle ussee, FL 32301

## **Articles of Amendment** Articles of Incorporation



#### GRASS ROOTS MARIJUANA FLORIDA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000011625

idment(s) to

,	ion (if known)	
nt to the provisions of section 607.1006, Florida Statutes. icles of Incorporation:	this Florida Profit Corporation adopts the follo	owing ar
amending name, enter the new name of the corporatio	<u>n:</u>	T):
must be distinguishable and contain the word "corpo .;" "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrevial	or "Co". A professional corporation name m	e abbr
	9655 SOUTH DIXIE HWY	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	STE 200	
	MIAMI, FL 33156	
nter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX	9655 SOUTH DIXIE HWY	
<u> </u>	STE 200	
	MIAMI, FL 33156	
amending the registered agent and/or registered office w registered agent and/or the new registered office ad		
Name of New Registered Agent		
(Flori	ida street address)	
New Registered Office Address:	, Florida (Zip Code	
	(Cuy) (24) Code,	,
Registered Agent's Signature, if changing Registered A	Agent:	
by accept the appointment as registered agent. I am fam		on.
Registered Agent's Signature, if changing Registered A by accept the appointment as registered agent. I am fam		accept the obligations of the positi

### 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 = Trustec; 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	JEFFREY E. FEILER	7685 SW 104 ST
Add			STE 200
Remove			MIAMI, FL 33156
2) Change	PRES	BRIAN KOSLOW	9655 SOUTH DIXIE HWY
Add			STE 200
Remove			MIAMI, FL 33156
3) Change	411-0	<del></del>	
Add			
Remove			10
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	47 241 114 (114 (114 (114 (114 (114 (114 (
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: MARCH 3, 2014	, if other than the
date this document was signed.	_
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
· by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated March 3, 2014	
Signature	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del></del>
BRIAN KOSLOW	_
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	