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COVER LETTER

TO: Amendment Section

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Division of Corp	orations				
NAME OF CORPO	RATION: Next Cannabis, Inc.	e.			
DOCUMENT NUMBER: P15000053791					
	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Thomas J. Bellante				
		Name of Contact Person	1		
	Garyn Angel Enterprises				
		Firm/ Company			
	5471 Richey Dr.				
		Address			
	Port Richey, FL 34668				
		City/ State and Zip Cod	e		
tbella	inte@magicalbutter.com				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Thomas J. Bellante		at (813	545-7453 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		
Mai	iling Address	Street	Address		
Ame	endment Section	Amendment Section			
Division of Corporations		Division of Corporations			
· -	. Box 6327 abassee - FL 32314	Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314		2001 1	ACCUST COMO CHOIC		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Next Cannabis, Inc.				
(<u>Name</u>	of Corporation as currentl	filed with the Florida De	pt. of State)	
P15000053791				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			~	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpo		ation
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
		<u> </u>		
C. Enter new mailing address, if appl	icable:			
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)			_
 If amending the registered agent ar new registered agent and/or the ne 			ame of the	
	Thomas J. Bellante	,		
Name of New Registered Agent				
	5471 Richey Dr.			
	(Florida stre	ret address)		
New Registered Office Address:	Port Richey		, Florida	
		(City)	(Zip Code)	
N 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			;;r)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ons of the position.	
. , , , ,		91	•	أمدشهن
	Mr H	1/1/2	130	Marines. F
	////out HJ.	e/	23	Party
	Signature of New R	gistered Agent, if changing	י ביי	
	ί		हा । इ	
				•

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	<u>PT</u>	John Do	<u> </u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Saily Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	SD		VANHOOK, WILLIAM, CPA	5471 Richey Dr.
Add				Port Richey, FL 34668
X Remove				
2) Change	SD		BELLANTE, THOMAS, CPA	5471 Richey Dr
X Add				Port Richey, FL 34668
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	-
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

	09/01/2018	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
-		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more inan 90 days after amenament fite date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
10/10/2018 Dated	- Al control	
Signature	Mon De	
selected,	betor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)	
	homas J. Bellante	
	(Typed or printed name of person signing)	
C	ГО	
-	(Title of person signing)	

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