## P1760674253

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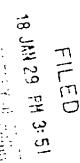


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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florida Medical Marijuana Health Center Inc
DOCUMENT NUMBER: P170007 4253
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Fronzath Name of Contact Person
Florida Medical Marijuana Health Center
700 W. Boynton Beach Blud
Boynton Beach, F1 33426 City/State and Zip Code
E-mail address: (who used for future annual report notification)
For further information concerning this matter, please call:
Robert Fronsath at (561) 249-9782  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

Florida	medical	Marijuano	1 Health	Center	Inc.
	(Name of C	orporation as currently	filed with the Flor	ida Dept. of Sta	<u>ite</u> )

## PITANAMATHZ 53

(Docu	ment Number of Corporation (if known	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(
A. If amending name, enter the new name of the o	corporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A professional co	
B. Enter new principal office address, if applicable	le:	= n
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS )	第 29 F
		PH D
		(3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	OV:	3: 51
island day of the state of the		
D. If amending the registered agent and/or registor	ered office address in Florida, enter th	ie name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
Non-Book and American State and Book an		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		gations of the position.
		<del></del>
Sig	mature of New Registered Agent, if chan	ging

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> <u>John</u>	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Christine François	4768 Nolina Dr
Add			Boynton Beach, Fl
X Remove			33436
2) Change	VP	Jerry Lee	4304 Emergld Vista
_ <b>X</b> _ Add			Lake worth, FI
Remove			33461
3 1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach <i>additional sheet</i> :	s, if necessary). (1	Be specific)			
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r					
f an amendment prov provisions for implen	ides for an exchang ienting the amendi	ge, reciassification ment if not cont:	on, or cancenau vined in the ame	on or issued Share ndment itself:	<u>s,</u>
(if not applicable,	indicate N/A)				
			_		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	n
"The number of votes cast 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.	
Signature  (By a director, president or 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)	
Robert Fronzath	
(Typed or printed name of person signing)	
President (Title of person signing)	
' (Title of person signing)	