

P18000037318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

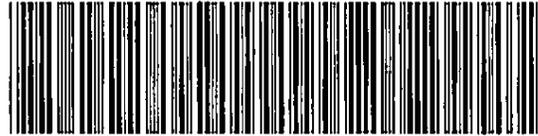
(Business Entity Name)

(Document Number)

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2018 DEC 18 PM 3:23
TAMPA, FL
STATE OF FLORIDA
TREASURY

FILED

C. GOLDEN

DEC 20 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIFECANN, INC.

DOCUMENT NUMBER: P18000037318

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monika Boehm-Fandino
Name of Contact Person

LifeCann
Firm/ Company

2127 NW 1st Ave,
Address

Miami, FL 33127
City/ State and Zip Code

monika@lifecann.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monika Boehm-Fandino at (786) 246-2446
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:

- \$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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



LifeCann Medical Cannabis

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

December 14, 2018

To Whom It May Concern:

Please find attached the document updated with only one box checked in the adoption of amendment.

Best regards,

A handwritten signature in black ink, appearing to read "MBF", is written over a faint, illegible background.

Monika Boehm-Fandino



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2018

MONIKA BOEHM-FANDINO
2127 NW 1ST AVENUE
MIAMI, FL 33127

SUBJECT: LIFECANN, INC.
Ref. Number: P18000037318

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can check only one (1) box regarding the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 918A00024424

RECEIVED
2018 DEC 18 AM 10:33
REGULATORY SPECIALIST
TALLHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 DEC 18 PM 3: 23

LIFECANN, INC

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

STATE OF FLORIDA
TALLAHASSEE, FL

P18000037318

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

2127 NW 1st Ave
Miami, FL 33127

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

see above

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Alessandra V. Gold</u>	<u>11015 NW 49 Dr</u> <u>Coral Springs</u> <u>FL, 33076</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Edwin Arnaldo</u> <u>Garcia Rivesa</u>	<u>848 Brickell Key Dr</u> <u>Apt. 3402</u> <u>Miami, FL 33131</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: November 15, 2018, if other than the date this document was signed.

Effective date if applicable: November 15, 2018
(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 will not be listed as the document's effective date on the Department of State's records.

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.

MBF: 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 cast for the amendment(s) was/were sufficient for approval

by P, VP, DST
(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 Nov. 15, 2018

Signature *MBF*

(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)

Monika Boehm-Fanelino
(Typed or printed name of person signing)

President
(Title of person signing)