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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: HEMP BOCATIVE DOCUMENT NUMBER: PL8000050755
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NANTAWAN POSANG
Name of Contact Person  HEMP BOCH
745 ALBANS DR
BOCA RATON FL 33486
City/ State and Zip Code  In Fochemplos Ca. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHRISTOPHER RONZO at 561 330 5605  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 U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of A	Antengnien			
to Articles of Inc	6 = 4 4			
HEMP of (Name of Corporation as current	ly filed with the Florida Dept. of State) 3/ 52 10			
O 1 C/	2000			
(Document Number o	of Corporation (if known)			
	The same of the sa			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	8728 EAGLERYN DR 600A RATION FL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO 60X 880165			
	BOCA RATION FL 33488			
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 str	reet 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: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change		PREEDAWAN INLA	745 Saint Albans DR
Add			BOCA RATION FL
Remove			33486
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	·	<del></del>	
Add			-1-yandara (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Remove			·
5) Change			<del></del>
Add			<del></del>
Remove			
6) Change	<del></del>		
Add			
Remove			

ach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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n amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
ovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi applicame, maicute WA)	

. . . . .

The date of each amendment(s) adoption:	, if other than the
<del>-</del>	1 1
Effective date if applicable: 1)/17/2 7H15 WCOMENT W	45 SIGNED
Effective date if applicable: DATE THIS DOCUMENT WO (no more than 90) days after amendment file date) OR	RECEIVE
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.	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 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	
(voting group)	
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>	
Dated	
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)	<del></del> -
NANTAWAN POSANG	
(Typed or printed name of person signing)	
- RATTERNER	
(Title of person signing)	

. . . .