P18000060420

((Requestor's Name)		
•	(Address)		
(Address)			
	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
,	Dusiliess Clinty Name;		
(Document Number)			
Certified Copies	_ Certificates of	Status	
Special Instructions to Filing Officer:			

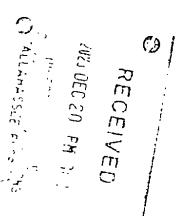
Office Use Only



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PILED

2029 DEC 20 PM 1: 08





Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/20/23 Order #: 1356437-1 Re: Trulieve, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed-please find:

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:

I2000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Trulieve, Inc.		
,N	ame of Corporation	
DOCUMENT NUMBER: P18000060420		
The enclosed Articles of Correction and fe	e are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Allison McBride		
Name of Contact Person		
Trulieve, Inc.		
Finn/Company		
3494 Martin Hurst Rd.		
Address		
Tallahassee, FL 32312		
City/State and Zip Code		
allison.mcbride@Trulieve.com		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this ma	tter, please call:	
Allison McBride	424 603-3610	
Name of Contact Person	at () Area Code Daytime Telephone Number	
	•	
Enclosed is a check for the following amou	mt:	
□ \$35,00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

FILED

Trulieve, Inc.	
Name of Corporation as currently filed with	the Florida Dept. of State 2023 DEC 20 PM 1: 08
P18000060420	TĂLLAHASSEE, FLORIDA
Document Number (if kr	nown)
ursuant to the provisions of Section 607.0124, Florida S	
hese articles of correction correct Articles of Amendment	to Articles of Incorporation of Trulieve
led with the Department of State on 11/17/2023	of Document)
pecify the inaccuracy, incorrect statement, or defect:	
The Articles of Amendment filed on 11/17/2023 was a fraudulent	transaction and the person listed on the filing,
Mr. Michael Pollard, is not an officer, director, or anyone known	to Trulieve, Inc. or any of it's other subsidiaries.
his was not an authorized filing. Please remove this filing and if	possible, please block this person from
naking any future edits to this corporation's records.	
orrect the inaccuracy, incorrect statement, or defect: On 12/19/2023, we filed an Amended Annual Report to correct th	ne defect.
(Signature of a director, president or other officer not been selected, by an incorporator - if in the hother court appointed fiduciary, by that fiduciary	ands of the receiver, trustee, or
Raymond Eric Powers III	Corporate Secretary
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00