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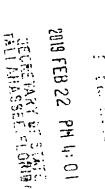
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COVER LETTER

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NAME OF CORPORATION: Releaf Medical Marijuana Clinics, Inc P18600101996 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Danielle Comas
Name of Contact Person Firm/ Company OCOLIA FL 34470

City/ State and Zip Code Legend Studio@ wac.com
E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (352) 572-6447

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filling Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

Articles of Amendment

...

to Articles of Incorporation

Article	s of Incorporation
RELPAF Med	ical MATINIKANA CLINICS INC
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
7/8	30001019910
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporate	tion:
Releas mmc	-, Inc.
name must be distinguishable and contain the word "cor	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
same	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	E FEB
Same as	FF 22
before	me v
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office a	
Name of New Registered Agent	-
. Same as	
before (F)	orida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	imiliar with and accept the obligations of the position.
	Le Cexes
Signature o	f 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	<u>PT</u>	John Do	<u>oe</u>	Carara	α S	before
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	2000	4, 7	•
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	Title		<u>Name</u>		<u>Ac</u>	<u>ldres</u> s
1) Change						
Add						
Remove						
2) Change		_				
Add						
Remove						· · · · · · · · · · · · · · · · · · ·
3)Change		_				
Add						
Remove					_	
4) Change						
Add					-	
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

If amending or adding a (Attach additional sheets,	if necessary).	(Be specific)	<u> </u>	I A	
				<u> </u>	
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If an amendment provide provisions for implement (if not applicable, in	nting the amen	inge, reclassification	n, or cancellation of ned in the amendm	<u>fissued shares,</u> ent itself:	MA
,,	,				
					

The date of each amendment(s) a	option: 2115/19	if other than t
date this document was signed. Effective date if applicable:	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirempartment of State's records.	nents, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The folloeach voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action an	id shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and sha	archolder
Dated 2	115/19	
Signature	aville Coues	
(By a d	rector, president or other officer - if directors or officers ha	ve not been
	 by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary) 	or other court
ирропт		
	Danielle Comas	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	