P19000011308

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
<u></u>	☐ WAIT ☐ MAIL
(Ві	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
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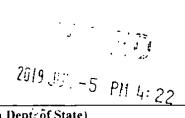
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	A FRIEND OF	MINE CBD,	NC.	
DOCUMENT NUMBER:	P19000011208			
The enclosed Articles of Amend	<i>lment</i> and fee are su	ibmitted for fili	ng.	
Please return all correspondence	concerning this ma	tter to the follo	wing:	
SANDLY	WINDSOR			
		Name of Co	ontact Person	1
WALTE	R S SANDERS & A	ASSOCIATES I	PA	
-		Firm/ C	Company	
16528 N	DALE MABRY H	WY		
		Ade	dress	
TAMPA	FLORIDA 33618	;		
		City/ State a	ınd Zip Cod	e
SANDI@WAL	TERSANDERS.CO	ЭМ		
-	ail address: (to be us		nnual report	notification)
For further information concern	ing this matter, pleas	se call:		
SANDI WINDSOR		at (813	961-0094
Name of Contact Person				de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the i	Florida Depa	artment of State:
	3.75 Filing Fee & rtificate of Status	S43.75 Fil Certified ((Additional enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Adde Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



A FRIEND OF MINE CBD, INC.

	(Name of Corporation as currently filed with the Florida Dep	ot: of State	<u>·</u>)
P19000011208	1		÷.
	(Document Number of Corporation (if known)		<u> </u>

 If amending name, enter the new name of the corpo A FRIEND OF MINE, INC. 	<u>ration:</u> The ne
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp," " ord "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u>N/A</u> <u>SS</u>)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered ones registered agent and/or the new registered office	
new registered agent and/or the new registered office Name of New Registered Agent N/A	
new registered agent and/or the new registered office Name of New Registered Agent N/A	(Florida street address)
N/A Name of New Registered Agent N/A	(Florida street address)

• ;

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

xuach <i>addilla</i>	r adding additional Ar mal sheets, if necessary).	(Be specific)	ector nere.		
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fan amandr	nent provides for an exc	ahanga radaccific	ation ar cancall	ation of icenadeb	n Foc
provisions f	or implementing the am	rendment if not co	ntained in the ar	nendment itself:	<u>arest</u>
(if not a _l	pplicable, indicate N/A)	-			
					
	-				
					_
			_ _ _		

The date of each amendment(s) adoption: , if other than the date this document was signed. Effective date if applicable: (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. ☐ 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 east 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.

JULY 1, 2019
Dated_____

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 tiduciary by that fiduciary)

PIETRO CAPUANO

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)