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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LA HEMP ROSA	INC				
DOCUMENT NUMB			<u> </u>			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
	KAMELIA BECERRA					
-		Name of Contact Persor				
	LA HEMP ROSA INC					
-	Firm/ Company					
	7112 ALTIS WAY 13-312					
-		Address				
•	ORLANDO, FLORIDA 32836					
-		City/ State and Zip Code				
1	LAHEMPROSA@GMAIL.C	COM				
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information KAMELIA BECERRA	concerning this matter, plea	se call:	2881878			
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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			Address			
	idment Section	Amendment Section				
	ion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee				
	hassee, FL 32314		I. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



2021 NOV -9 AH 6: 58

LA HEMP ROSA INC-

(Name of Corporation as curre	tly filed with the Florida Dept. of State)	) 171 c
P20000094553	0007	F 1 4
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.)	"company," or "incorporated" or the abbreviation A professional corporation name must contain	1 "Corp.,"
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		<del></del>
		<del>.</del>
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre	ss:	
Name of New Registered Agent N/A		
(Florida	street address)	
N/A	SI N/A	
New Registered Office Address:	, Florida, Ciry Ciry	ode)
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.	
Signature of New	Registered Agent, if changing	
Charles Countries II		
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	) (e), F.S.	

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) N/A Change		_		
Add				
Remove				
2) Change		_		-
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  ARTICLE III
THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS:
ANY AND ALL LAWFUL BUSINESS
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

• • •	11/01/2021	
The date of each amendmedate this document was sign	nt(s) adoption:ed.	, if other than the
Effective date if applicable	:	
	: (no more than 90 day	es after amendment file date)
	n this block does not meet the applicable the Department of State's records.	statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s	( <u>CHECK ONE</u> )	
The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board	d of directors without shareholder action and shareholder
	rere adopted by the shareholders. The nunwere sufficient for approval.	nber of votes cast for the amendment(s)
	ere approved by the shareholders through ded for each voting group entitled to vote	- · · · · · · · · · · · · · · · · · · ·
	es cast for the amendment(s) was/were su	• •
by		 
	(voting group)	
11/6	01/2021	
Dated	112021	_
Signature	Kanlelia	
ı	By a director, president or other officer – selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)	if directors or officers have not been ids of a receiver, trustee, or other court
	KAMELIA BECERRA	
	(Typed or printed name	of person signing)
	PRESIDENT	
	(Title of person signing	<u>,</u> )