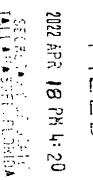
# P22000009637

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NATIONAL CANNABIS EMPLOYERS NETWORK ASSOCIATION.

INC

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2022

FLORIDA FLILING & SEARCH SERVICES, INC.

SUBJECT: NATIONAL CANNABIS EMPLOYERS NETWORK ASSOCIATION

INC.

Ref. Number: P22000009637

We have received your document for NATIONAL CANNABIS EMPLOYED NETWORK ASSOCIATION, INC. and the authorization to debit your account the amount of \$35.00. However, the document has not been filed and is been returned for the following:

The form you submitted is for a BENEFIT/SOCIAL PURPOSE CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 222A00009142

plase Kelp ariginal file deute Thank you!

### Articles of Amendment to Articles of Incorporation of

NATIONAL CANNABIS EMPLOYERS NOTWOLL	K ASSOCIATION INC		
(Name of Corporation as currently filed with the F	Florida Dept. of State)		
P 22 00000 963	7		
(Document Number of Corporation (			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Incorporation:	s corporation adopts the following	amendment(s)	) to its Articles of
A. If amending name, enter the new name of the corporation:			
NCENA INC.			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.A.  B. Enter new principal office address, if applicable:	A projessional corporation name	e abbreviation must contain	1 "Corp.," the word
(Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA		7022 APR 18
		ming.	18 PM 4:
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name o	of the	: 20
Name of New Registered Agent	NIA		
(Florida	street address)		
New Registered Office Address:	NA, Florida	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Age	nt:	, ,	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of	ine position.	
	NIA		
Signature of New Registered	d 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 = ChiefExecutive 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)	<u>Title</u>	Name ) a	<u>Addres</u> s
1) Change		NIA	
Add			.,
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

_	f amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
_	Attach additional sheets, if necessary). (Be specific)
_	
_	
	NIA
_	
_	
_	
-	
-	
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16	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>[f</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, royisions for implementing the amendment if not contained in the amendment itself:
<u>lf</u>	rovisions for implementing the amendment it not contained in the amendment user.
<u>if</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
<u>lf</u>	rovisions for implementing the amendment it not contained in the amendment user.
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	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)
	rovisions for implementing the amendment it not contained in the amendment user.

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)	
(no more than 90 days after amendment file date)	
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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Doub hell  Signature On the directors or officers have not been	
Signature Dal hell	
(NV a director, president of other officer = if directors or officer = if	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Presin-T	
(Title of person signing)	

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