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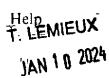
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CANNABIZ GROUP LLC

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CANNABIZ GROUP LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (AF)	ability Company as it now appears on our records orida Limited Liability Company)	<u>-</u>
The Articles of Organization for this Limited Liabili Florida document number 1.23000254978	ty Company were filed on 05/24/2023	and assigned
Piorida document number	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL		
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address her Name of New Registered Agent:	ered office address on our records, <u>enter tl</u> <u>c</u> :	se name of the new registe
New Registered Office Address:		<del></del>
	Enter Florida street address	
	. Flor	ida
	City	fda
ew Registered Agent's Signature, if changing Registe	· <del>-</del>	93
hereby accept the appointment as registered ages provisions of all statutes relative to the proper and eccept the obligations of my position as registered eing filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, and agent as provided for in Chapter 605, F. ered office address, I hereby confirm that	I am familiar with and S. Or if this document is
		··· <u>·</u>
	If Changing Registered Agent, Signature of N	ew Registered Agent

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Titie</u>	<u>Name</u>	Address	Type of Action
MGR	ITALO H. F. DO NASCIMENTO	1100 S FEDERAL HWY, SUITE 412	<b>⊞</b> Add
		DEERFIELD BEACH, FL 33441	LiRemove
	· · ·		[]Change
			□Add
·		•	CRemove
			[]Change
			□Add
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ective date, if other than the effective date is listed, the date must be after the date inserted in this blument's effective date on the D	e date of filling:  st be specific and cannot be prior to date o lock does not meet the applicable statepartment of State's records.	(optional) if filing or more than 90 days after filing out tutory filing requirements, this date	Pursuant to 605.
ord specifies a delayed effectiv	e date, but not an effective time, at f	2:01 a.m. on the earlier of: (b) The	: 90th day after
December, 18th	2023		
Joá	io Vitor Marocolo Martins		