

#L/13000055303

Division of Corporation

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H13000100173 3))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ACCOUNTANT & MANAGEMENT INC  
Account Number : I20110000070  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

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13 MAY -3 AM 8:51  
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TALLAHASSEE, FLORIDA

\*\*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  
SMOKER'S WORLD LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY - 6 2013

H13000100173 3  
**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SMOKER'S WORLD LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MOSES NAE**

Name of Person

**ACCOUNTANT & MANAGEMENT INC**

Firm/Company

**1549 NE 123RD ST**

Address

**NORTH MIAMI, FL 33161**

City/State and Zip Code

**INFO@TAXLEAF.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MOSES NAE**

Name of Person

**305 541-3980**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H13000100173 3  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
13 MAY -3 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SMOKER'S WORLD LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/16/2013 and assigned Florida document number L13000055303.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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 ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GULLY, FIRAS	4770 NW 107TH AVE	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
MGRM	HERMES, FUAD	20408 N 30TH WAY	<input checked="" type="checkbox"/> Add
		PHOENIX, AZ 85050	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

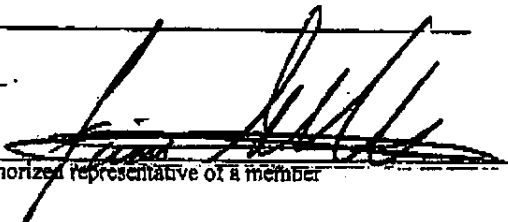
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Dated MAY 2 , 2013



Signature of a member or authorized representative of a member

**FIRAS GULLY**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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