L150000 14716

(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer.					
	J. HOR	NE			
	JUL 26	2022			

Office Use Only



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AL ARASSEE OF

022 JUL 25 AM II:

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SHISHA ONE, LLC			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		_	Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
		_	Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
9			Vehicle Search
			Driving Record
Requested by: SETH	07//22	_	UCC 1 or 3 File
Name		ime	UCC 11 Search
Nume	Date 1		UCC Retrieval
Walk-In	Will Pick Up _		Courier

COVER LETTER

TO:

TO: Registration Se Division of Cor					
SHISHA O	NE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Monica Tirado, Esq.				
		Name of Person			
	Tirado-Luciano & Tirado,	P.A.			
		Firm/Company			
	2655 Le Jeune Road, Suite	: 1109			
		Address			
	Coral Gables, FL 33134				
		City/State and Zip Code	<u> </u>		
	MT@TLTirado.com	to be used for future annual report not	offourtion)		
For further information c	oncerning this matter, please c	·	meanny		
Monica Tirado		305 390-2320			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne 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:		<u>Street Address:</u> Registration Sc	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 632 Tallahassee, I			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MA JUL 25 MAIN 08

SHISHA ONE, 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 1	liability Company were fi	led on	and assigned	
Florida document number L15000014776	<u></u> .			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability con	mpany here:		
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
				
Enter new mailing address, if applicable:			 -	
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/or agent and/or the new registered office addre	• •	on our records, <u>enter the name</u>	of the new registered	
Name of New Registered Agent:	Tirado-Luciano & Tirad	do, P.A.		
New Registered Office Address:	New Registered Office Address: 2655 Le Jeune Road, Suite 1109			
		Enter Florida street address		
	Coral Gables	, Florida <u>331</u>	34	
	City	<i>V</i>	Zıp 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 605, 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 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AHMAD RAKINE	1243 WASHINGTON AVE	
		MIAMI BEACH, FL 33139	■Remove
			☐ Change
AMBR	PREMIER INVESTMENTS, LLC	19249 SW 24TH ST	= Add
		MIRAMAR, FL 33029	□Remove
AMBR	OSCAR MARTORELL	475 BRICKELL AVE. #1412	= Add
		MIAMI, FL 33131	□Remove
			☐ Change
			□Add
			□Remove
		·	□Change
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second seco	e must be specific a nis block does not	nd cannot be prio meet the applic	to date of filing cable statutory f	r more than 90 das	vs after filing.) Pr	rsuant to 605.0207 I not be listed as
e record specifies a delayed eff rd is filed.	ective date, but no	ot an effective t	ime, at 12:01 a.	n. on the earlier	of: (b) The 9	0th day after the
Dated		2022				
	ll.		7-	d		
	Signature of a	a member or auth	orized representa	ive of a member		

Filing Fee: \$25.00

COVER LETTER

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TO: Registration So Division of Cor					
SHISHA C	ONE, LLC				
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	Monica Tirado, Esq.				
		Name of Person			
	Tirado-Luciano & Tirado,	P.A.			
		Firm/Company			
	2655 Le Jeune Road, Suite	: 1109			
	_	Address	 		
	Coral Gables, FL 33134				
		City/State and Zip Code			
	MT@TLTirado.com				
For further information of	t-mail address: (concerning this matter, please c	to be used for future annual report not all:	ilication)		
Monica Tirado	g and maken present	305 390-2320			
·	of Person	at (ne Telephone Number		
.vanc (n r cisan	Area Code 12dythi	ac receptione Number		
Enclosed is a check for t	he 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		Street Address: Registration Sc	ection		
Division of C		Division of Co			
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303