116000076746

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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October 19, 2016

KAMRAN HANIF 5900 STIRLING RD BAY 2 HOLLYWOOD, FL 33021 US

SUBJECT: 7TH HEAVEN CBD LLC

Ref. Number: L16000076746

We have received your document for 7TH HEAVEN CBD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Letter Number: 516A00022525

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: | Registration Sec Division of Corp | ction porations | | • |
|----------------|--------------------------------------|--|---|--|
| SHRIE | T: | 7th Heaven CBD | DLLC | |
| Sobjec | · • | Name of Lin | nited Liability Company | |
| The encle | osed Articles of A | amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspon | dence concerning this matter | to the following: | |
| | | | Kamran Hanif | |
| | | | Name of Person | |
| | | | 7th Heaven CBD LLC | |
| | | | Firm/Company | |
| | | | 5900 stirling rd bay 2 | |
| | | | Address | |
| | | | hollywood fl 33021 | |
| | | | City/State and Zip Code | |
| | | | nzhanif@gmail.com to be used for future annual report noti | fication) |
| For furthe | er information co | ncerning this matter, please ca | all: | |
| | kamran hanif | | at (<u>954</u>)881-1 | 709 |
| | Name of I | Person | Area Code Daytim | e Telephone Number |
| Enclosed | is a check for the | following amount: | | |
| ⊠ \$25. | 00 Filing Fec | □ \$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

ARTICLES OF AMENDMENT , TQ ARTICLES OF ORGANIZATION OF

| 7th 1 | heaven cbd He | | | |
|--|--|-------------------------|--------------------------|------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appear imited Liability Company) | s on our records.) | | |
| | | | | |
| The Articles of Organization for this Limited Liability Cor | mpany were filed on | 4/19/2016 | and assigne | :d |
| Florida document number 1.16000076746 | · | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limite | ed liability company he | <u>re</u> : | | |
| 7th Heaven Shisha LLC | | | | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the de | esignation "LLC" or the | ne abbreviation "L.L.C." | ,—— |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRE | SS) | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | <u></u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> | |
| | | | ₩. 6 | |
| | | | 3SS | |
| B. If amending the registered agent and/or register | | our records, en | ter The name of t | ae nev |
| registered agent and/or the new registered office address | ss here: | | | i i == , |
| | | | STA | - |
| Name of New Registered Agent: | | | 6 | |
| New Registered Office Address: | | | | |
| | Enter Flori | da street address | | |
| | | , Florida | | |
| | City | | Zin 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | |
|--------------|----------------|----------------------|---------------------------------------|--|--|--|
| MGR | Abdel Zahryeh | 5727 sw 117th ave | | | | |
| | | cooper city # 33330 | ⊠ Remove | | | |
| | | 5727 sw 117th ave | ☐ Change | | | |
| MGR | Maher Zahriyeh | cooper city fl 33330 | ————————————————————————————————————— | | | |
| | | | ☐ Remove | | | |
| | | | ☐ Change | | | |
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| ffective d | late, if other th | nan the date of filin date must be specific ar | ng: | | (ор | tional 😤 | <u> </u> | 4400 |
| <u>lote:</u> If th | e date inserted i | date must be specific ar n this block does not on the Department of | meet the applicab | date of filing or m le statutory filin | ore than 90 days all g requirements, tl | ter filing Pursi his date will n | ot be lis | 05,0207 (sted as t |
| | | lelayed effective he record is filed | | an effective t | ime, at 12:01 | a.m. on th | ie earl | ier of: |
| Dated | October 12 | | 2016 | / | | | | |
| | | | 1/~1 | | | | | |
| | | | マノン グ | | | | | |
| - | | Signature of a | nember or onthoriz | zed representative | of a member | | | |

Page 3 of 3

Filing Fee: \$25.00