

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

120000359011

Note: Please print this page and use it as a cover sheet. Type the tax authority number
 (shown below) on the top and bottom of all pages of the document.

(((H21000160693 3)))



H210001606933AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

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

From:
 Account Name : EPGD ATTORNEYS AT LAW, P.A.
 Account Number : 120140000049
 Phone : (786)837-6787
 Fax Number : (305)718-0687

2021 APR 22 PM 2:10
 RECEIVED

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

Email Address: gaby@epgdlaw.com

2021 APR 22 PM 12:03
 RECEIVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALFA SMOKES LLC

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

APR 23 2021

M. SOLOWAY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALFA SMOKES 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:

GABRIELLA LEDBETTER, ESQ.
Name of Person

EPGD ATTORNEYS AT LAW, P.A.
Firm/Company

777 SW 37TH AVENUE, SUITE 510
Address

MIAMI, FL 33135
City/State and Zip Code

GABY@EPGDLAW.COM
E-mail address: (to be used for future annual report notification)

2021 APR 22 PM 2:10
 RECEIVED
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA

For further information concerning this matter, please call:

GABRIELLA LEDBETTER
Name of Person

at (786) 837-6787
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 Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALFA SMOKES 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 11/12/2020 and assigned Florida document number L20000359011

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 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2021 APR 22 PM 2:10

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JESSICA ELFAKIH	1003 SOUTHWEST 8TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 22 PM 2:10

FILED

