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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** CLOUD 9 SMOKE SHOP, LLC SUBJECT: 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: SHADI HAMZEH Name of Person Firm/Company 2650 AIRPORT RD SOUTH SUITE G Address NAPLES FLORIDA 34112 City/State and Zip Code mzahran0908@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shadi Hamzeh 243-2773 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLOUD 9 SMOKE SHOP 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  $\underline{\phantom{a}}^{01/25/2023}$ and assigned Florida document number \_\_\_\_1.23000048700 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) 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

## 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

, Florida

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
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:  the specific and cannot be prior to date of speck does not meet the applicable state appropriate of State's records.	(option filling or more than 90 days after fi utory filling requirements, this c	(al) ling.) Pursuant to 605.0207 late will not be listed as t
e record specifies a delayed effective rd is filed.	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
JUNE 14 Dated	2023		٦
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Filing Fee: \$25.00