## L0300050123

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u></u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900282223899

02/16/16--01003--023 \*\*25.00

2016 FEB 16 P 1: 49
SECRETARY OF STATE
ACLEMASSEE, FLORIDA

FEB 1 6 2016

**3 MASON** 

## **COVER LETTER**

	gistration Section vision of Corpor			
SUBJECT:	Smoke Inn 1, I	J.C		
SUBJECT:		Name of Limit	ed Liability Company	
The enclose	d Articles of An	endment and fee(s) are subn	nitted for filing.	
Please return	all corresponde	ence concerning this matter to	o the following:	
		Kevin Bennett		
			Name of Person	
		Bennett Law Firm LLC		
			Firm/Company	<del> </del>
		301 W. Atlantic Ave Ste. 0-	-8	
			Address	
		Delray Beach, FL 33444		
		1000	City/State and Zip Code	
		kbennett@thebennettlawfirm		
			o be used for future annual report no	offication)
For further i	nformation cond	erning this matter, please ca	II:	
Kevin Benr			561 276-9343 at ()	
	Name of Po	erson	Area Code Dayti	ime Telephone Number
Enclosed is	a check for the f	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Smoke Inn I, LLC			SECOND III
(Name of the Limited I	Liability Compa Florida Limited I	ny as it now appear liability Company)	s on our records.)
The Articles of Organization for this Limited Liabi Florida document number 1.03000050723	ility Company	were filed on 12	꼬리 ㅠ
This amendment is submitted to amend the following	les of Organization for this Limited Liability Company were filed on 12/5/2003  Indicated the Indicated Liability Company were filed on 12/5/2003  Indicated Liability Company were filed on 12/5/2003  Indicated Liability Company here:  Indicated Liability Company here:  In the mew name of the limited Liability Company, the designation "LLC" or the abbreviation "LLC" we principal offices address, if applicable:  In the Indicated Liability Company here:  In the limited Liability Compa		
A. If amending name, enter the new name of th	e limited liab	ility company he	ere:
The new name must be distinguishable and contain the word:	s "Limited Liabil	ity Company." the d	esignation "LLC" or the abbreviation "LLC"
-			Signatura Signatura de la constitución de la consti
(Principal office address MUST BE A STREET ADDRESS		Tequesta, FL 33	3469
Enter new mailing address, if applicable:		1030 Gateway I	Blvd
ailing address MAY BE A POST OFFICE BOX)		Boynton Beach	, FL 33426
			our records, enter the name of the new
Name of New Registered Agent:	Bennett La	w Firm LLC	
New Registered Office Address:	301 W. Atlantic		
		Enter Flor	nda street address
	Delray Beach	<u> </u>	, Florida 33444
Non-Double 14 and Charles to the Control of the Con		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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>	Type of Action
MGRM	Ibrahim Dababneh	1030 Gateway Blvd	
		Boynton Beach	☐ Remove
			■ Change
			Add
			□ Remove
			Change
	, p. 116-1-148-148-148-148-148-148-148-148-148-1		□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
	<del></del>		Add
		-	□ Remove
			Change  Add  Remover
			Add Add ASSESSED OF STATE Of Change
			Change Change

	, , , , , , , , , , , , , , , , , , , ,	•					
					<u></u>		<del></del>
_					<del></del>		
-							
<del></del>							<del></del>
_							
_							
							<del></del>
_							
_		·	<del>- 1000 - 100</del>				<del></del>
_							
ffective	e date, if other than t	he date of filin	ıg:	-4C-C1:4-	optio	nal)	to 405 0207
<u>lote:</u> If	the date inserted in this	block does not	meet the applicable	ate of filing or more the e statutory filing requ	an 90 days after i uirements, this	date will not	be listed as
ocumen	t's effective date on the	Department of	State's records.				
	rd specifies a delay	ad offactive	data but aat a	n affactiva tima	at 12:01 a	m on the	oprlier of
The O	oth day after the r	ecord is filed		n enective time,	al 12,01 a	.iii. oii tile	e earner or
1116 2	_	ا. ۔	-1/				
	Eal	- <i> </i>					
	February	876	· 2016	n.			
	February	816	. 2016	Med			
	February	Signature of a		ad representative of a	hember		
		Signature of a		ed representative of a	hember	201	
	Ibrahim Dababneh	Signature of a	member or authorize		hember	2016	EZAN YAMAN
		Signature of a			hember	2016 FEB	Harris T.
		Signature of a	Typed or printed n	ame of signee	hember		
		Signature of a	member or authorize	ame of signee	hember	TEB -	