

W9000032259

(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:

Office Use Only



600282223906

02/16/16--01003--024 **25.00

FILED
16 FEB 16 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 16 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Smoke Inn V, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Bennett
Name of Person
Bennett Law Firm LLC
Firm/Company
301 W. Atlantic Ave Ste. 0-8
Address
Delray Beach, FL 33444
City/State and Zip Code
kbennett@thebennettlawfirmllc.com
E-mail address: (to be used for future annual report notification)

FILED
16 FEB 16 PM 4:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kevin Bennett at (561) 276-9343
Name of Person 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/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 V, 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 4/2/2009 and assigned Florida document number 1.09000032259.

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)

4640 N. Powerline RD

Pompano Beach, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1030 Gateway Blvd

Boynton Beach, FL 33426

FILED
FEB 16 PM 4:50
CLERK OF COUNTY OF PALM BEACH

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:

The Bennett Law Firm LLC

New Registered Office Address:

301 W. Atlantic Ave. Ste 0-8

Enter Florida street address

Delray Beach

City

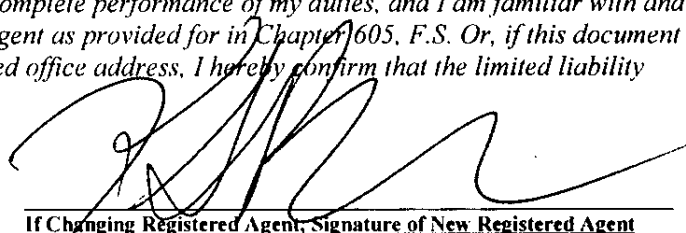
Florida

33444

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>
MGRM	Ibrahim Dababneh	1030 Gateway Blvd	<input type="checkbox"/> Add
		Boynton Beach	<input type="checkbox"/> Remove
			<input checked="" 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

FILED
 16 FEB 26 PM 4:55
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

