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(Cit	ty/State/Zip/Phone	e #)
PIÇK-UP	☐ WAIT	MAIL
		
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Certified Copies	_ Certificates	s of Status
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EXAMINER

COVER LETTER

	egistration Sec division of Corp			
114145 112/20		RETTES OF JUPITER, LLC		
SUBJECT	ı:	Name of Lim	ited Liability Company	
	,			
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspon	dence concerning this matter	to the following:	
		MICHELLE GUTTVEG		
			Name of Person	
		SIEGELAUB, ROSENBE	ERG, GOLDING & FELLER, P.A.	
			Firm/Company	
		1489 W. PALMETTO PA	ARK ROAD, SUITE 501	
			Address	
		BOCA RATON, FL 3348	36	
		-	City/State and Zip Code	
		MICHELLE@SIEGELAUI		- A! - A
			to be used for future annual report notific	ranon)
For further	information co	ncerning this matter, please ca	all:	
MICHELL	E GUTTVEG		954 753-2222 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s 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

RYO CIGARETTES OF JUPITI				
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited I	ny as it now appear: Liability Company)	on our records.)	
The Articles of Organization for this Limited I	_iability Company	were filed on 04/	14/2011	and assigned
Florida document number L11000044566	·			., co
This amendment is submitted to amend the fol	lowing:			22
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the Enter new principal offices address, if appli		lity Company," the de	esignation "LLC" or the a	abbreviation "L.L.C."
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		5907 NW 73RE) COURT	
(Mailing address MAY BE A POST OFFICE	E BOX)	PARKLAND, F	33067	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	r the name of the nev
Name of New Registered Agent:	AVI ZAPHRAI	VY		
New Registered Office Address:	5907 NW 73R	D COURT		
<u></u>		Enter Flor	da street address	
	PARKLAND		, Florida <u>3</u>	3067
		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>	Address	Type of Action
MGRM	LABI TABACCO, INC	5907 NW 73RD COURT	
		PARKLAND, FL 33067	■ Remove
			Change
MGRM	AVI ZAPHRANY	5907 NW 73RD COURT	<u>- B</u> Add
		PARKLAND, FL 33067	Remove.
			Change
			□ Remove
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(If an effective date is listed, the date n	he date of filing: must be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing a Department of State's records.	e than 90 days after filing.) Pursuant to 605.0207
the record specifies a delay) The 90th day after the re	ed effective date, but not an effective tin ecord is filed.	ne, at 12:01 a.m. on the earlier of:
Dated July 24,	2018	
	Signature of a member or authorized representative of	f a member
Avi Zaphrany	Typed or printed name of signee	

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Filing Fee: \$25.00