

L110000 81219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

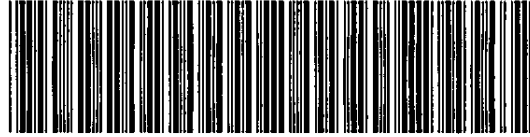
(Business Entity Name)

(Document Number)

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16 APR 11 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 14 2016  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Smoke Inn VII 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)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2016

KEVIN BENNETT  
BENNET LAW FIRM LLC  
301 W ATLANTIC AVE STE 0-8  
DELRAY BEACH, FL 33444

SUBJECT: SMOKE INN VII LLC  
Ref. Number: L11000081219

We have received your document for SMOKE INN VII LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 516A00003233

RECEIVED  
2016 APR 11 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED  
16 APR 11 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Smoke Inn VII 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 7/14/2011 and assigned Florida document number L11000081219.

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)

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TALLAHASSEE, FLORIDA

**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:**

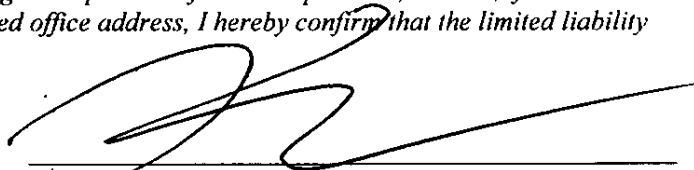
Name of New Registered Agent: Bennett Law Firm LLC

New Registered Office Address: 301 W. Atlantic Ave Ste 0-8  
*Enter Florida street address*

Delray Beach, Florida 33444  
*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>                      |
|--------------|------------------|-------------------------|--|
| MGR          | Ibrahim Dababneh | 1030 Gateway Blvd       | <input checked="" type="checkbox"/> Add    |
|              |                  | Boynton Beach, FL 33426 | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Change            |
| MGRM         | Smoke Inn LLC    | 1030 Gateway Blvd       | <input type="checkbox"/> Add               |
|              |                  | Boynton Beach, FL 33426 | <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            |

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 TALLAHASSEE, FLORIDA  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 31st, 2016

Signature of a member or authorized representative of a member

Ibrahim Dababneh

Typed or printed name of signee

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