# L12000141188

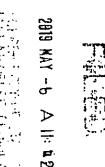
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

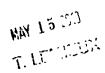
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### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJ	Smoke Inn	VIII, LĒC		
SUBJ	ECI:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Kevin G. Bennett		
			Name of Person	<del>-</del>
		Bennett Law Firm, LLC		
		<del></del>	Firm/Company	<del></del>
		301 W. Atlantic Ave. Ste. (	0-8	
		<del></del>	Address	·
		Delray Beach, FL 33444		
		KBennett@TheBennettLaw	City/State and Zip Code FirmLLC.com	
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Kevin	G. Bennett		561 276-9343	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>□</b> \$2	5.00 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 VIII, LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 HAY -6 A 11: 42 The Articles of Organization for this Limited Liability Company were filed on HALLEHASSELLE COMPANY COMPANY COMPANY AND ARTICLES OF THE COMPANY COMPAN Florida document number L12000141188 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 "LL.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 City

#### 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
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antis	ve date, if other than the date of filing:	1
n effe	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filin	) g.) Pursuant to 605.026
<u>te:</u> l	If the date inserted in this block does not meet the applicable statutory filing requirements, this dat ent's effective date on the Department of State's records.	e will not be listed a
	cit's effective date on the Department of State's records.	
rocc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlies.
he s	90th day after the record is filed.	, on the earlier (
ted _	May 1 2019	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00