

# L13000055303

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000189897 3)))



H130001898973ABCD

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC  
Account Number : I20110000070  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

13 AUG 26 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SMOKER'S WORLD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

13 AUG 26 AM 7:53

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

AUG 27 2013  
T. HAMPTON

**H13000189897 3**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SMOKER'S WORLD LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**MOSES NAE**

Name of Person

**ACCOUNTANT & MANAGEMENT INC**

Firm/Company

**1549 NE 123RD ST**

Address

**NORTH MIAMI, FL 33161**

City/State and Zip Code

**INFO@TAXLEAF.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MOSES NAE**

Name of Person

at **(305) 541-3980**

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

**H13000189897 3**

H13000189897 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SMOKER'S WORLD LLC

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG 26 AM 7:53

The Articles of Organization for this Limited Liability Company were filed on 04/16/2013 and assigned  
Florida document number L13000055303

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

15051 ROYAL OAKS LANE

APT 2101

MIAMI, FL 33181

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

15051 ROYAL OAKS LANE

APT 2101

MIAMI, FL 33181

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:

ADMON YOUSIF

New Registered Office Address:

15051 ROYAL OAKS LANE APT 2101

*Enter Florida street address*

MIAMI

*City*

Florida 33181

*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 608, 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.

  
Changing Registered Agent, Signature of New Registered Agent

H13000189897 3

H13000189897 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

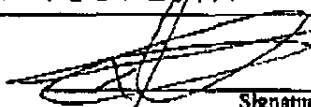
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>YOUSIF, ADMON</u>	<u>4770 NW 107TH AVE</u>	<input type="checkbox"/> Add
		<u>DORAL, FL 33178</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>YOUSIF, ADMON</u>	<u>15051 ROYAL OAKS LANE</u>	<input checked="" type="checkbox"/> Add
		<u>APT 2101</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL 33181</u>	
<u>MGRM</u>	<u>HERMES, FUAD</u>	<u>20408 N 30TH WAY</u>	<input type="checkbox"/> Add
		<u>PHOENIX, AZ 85050</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>YOUSIF, SABAH</u>	<u>15051 ROYAL OAKS LANE</u>	<input checked="" type="checkbox"/> Add
		<u>APT 2101</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL 33181</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
SECRETARY OF  
DIVISION OF  
REGISTRARS  
13 AUG 2011  
7:53

H13000189897 3

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

Dated AUGUST 26<sup>TH</sup> 2013



Signature of a member or authorized representative of a member

ADMON YOUSIF

Typed or printed name of signee

Page 3 of 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG 26 AM 7:53

H13000189897 3