## 1300055303

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T. BROWN

## COVER LETTER

Division of Corpol	ations		· ,
SUBJECT: Smoke	er's World, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fec(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Yehoshua Kado		
		Name of Person	
	Smoker's Worl	ld, LLC	
		Firm/Company	
	2160 N.E. 123	Brd Street	
		Address	
	North Miami,	FL 33181	
		City/State and Zip Code	
-	E-mail address: (	to be used for future annual report notifi	cation)
For further information conc	erning this matter, please ca	all:	
Yehoshua Kadosh Name of Pe	rson	at (786 ) 391-183	55 Telephone Number
Name of re	15011	Area Code Dayline	retephone Number
Enclosed is a check for the f	ollowing 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:

TO:

Registration Section

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



Smoker's Wor	d, LLC	Only
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	ORIO
The Articles of Organization for this Limited Listopida document number <u>L13000055303</u>	ability Company were filed on <u>April 16, 20</u>	13 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the v	vords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, <u>e</u> <u>ice address here</u> :	nter the name of the n
Name of New Registered Agent:	Yehoshua Kadosh	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	· · · · · · · · · · · · · · · · · · ·
	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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yehoshua Kadosh	2160 N.E. 123rd Street	<b>₹</b> ≵Add
		North Miami, FL 33181	Remove
<u>AMBR</u>	Danielle Morali	2160 N.E. 123rd Street	<b>£5</b> ≵Add
		North Miami, FL 33181	□ Remove
MGR	Admon Yousif	2160 N.E. 123rd Street	Add
		North Miami, FL 33181	<u>x</u> ∰Remove
AMBR	Sabah Yousif	2160 N.E. 123rd Street	Add
		North Miami, FL 33181	<u>≯</u> ZFRemove
			□ Remove
			Add
			□ Remove

II a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ective date, if other than the date of filing: March 25, 2014 (optional)
	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Dia	
Date	ed
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00