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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

SMOKELESS PLANET, 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:

NEIL FLORIN

Name of Person

SMOKELESS PLANET, LLC

Finn/Company

3215 NE 207 TERRACE

Address

AVENTURA, FL 33180

City/State and Zip Code

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

For further information concerning this matter, please call:

at<305)<u>788-2773</u>

Name of Person

Area Code

Da) Lime Telephone Number

Enclosed is a check fm the following amount:

G \$25.00 Filing Fee

O \$30.00 Filing Fee & Certificate of Status O \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed) O \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)

 $\langle \cdot \rangle$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Ft. 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

SMOKELESS PLANET, LLC ed Liability Company as it now (A Florida Limited Liability Con

The Allicles of Organization for this Limited Liability Company were filed on JULY 15, 2013

Florida document number <u>L13000099950</u>

and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

He new name must be distinguishable and end with the w	vords "Limited Liabil	lity Company,	the designa	tion "LLC" or th	e abbreviation	"L.L.C."
Enter new principal offices address, if applicab	ole:					
Priucipu/ o(tice uddress MUST BE A S111EET	ADDRESS)					
					57	7
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Enter new mailing address, if applicable:						• • • • • • • • • • • • • • • • • • •
Mui/iug rtddress MAY BE A POST OFFICE BO	OX)				2:	ζ,
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					,	7,3
B. If amending the registered agent and/or registered agent and/or the new registered office	_		on our	records, ente	r the name	of the new
Name of New Registered Agent:						
New Registered Office Address:			El :1 /			
		Enter	Florida s/re	ei address		
	* -	City	-'Flo	rida		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. Ifin ther agree to comply with the provisions of all statutes relative to the proper and complete pel[ormance of my duties, and I amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter.605, F.S. Or, if this document is beingfiled 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 Ucgistered Agent, Signature of New Registered Agent

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

		Address	Type of Action
MGR	STEPHIN CHAIKIN	_3_30_0_N_E_1_9_0_S_T_R_E_E_T	_!! Add
		AVENTURA, FL 33180	D Remove
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{III o	ceffective date, if other than the date of filing: JANUARY 15 • 2014 (optional) ceffective 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) ted / - / 5 - / 4
	Signature of a member or authorized representative of a member
	NEU ELODIN
	NEIL FLORIN Typed or printed name of signee

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Filing Fee: \$25.00