

L 14000005660

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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EFFECTIVE DATE
3-14-2014

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

From: Account Name : DERBY FINANCIAL SERVICES LLC
Account Number : I20090000059
Phone : (786) 380-3472
Fax Number : (786) 320-6879

FILED
2014 MAR 13 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NARGILA SMOKE SHOP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 14 2014

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nargila Smoke Shop 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:

Dvir Derhy

Name of Person

Derhy Financial Services LLC

Firm/Company

99 NW 183rd Street, Ste 138

Address

Miami, FL 33169

City/State and Zip Code

Dvir@bellsouth.net

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

For further information concerning this matter, please call:

Dvir Derhy

Name of Person

at 786 380-3472

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

EFFECTIVE DATE
3-14-2014

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 MAR 13 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Nargila Smoke Shop 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 01/10/2014 and assigned
Florida document number L14000005660.

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 "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)

4916 SW 35th Terrace
Ft. Lauderdale, FL 33312

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:

Derby Financial Services LLC

New Registered Office Address:

99 NW 183rd Street, Ste 138

Enter Florida street address

Miami

City

, Florida 33169

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 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>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>Shahar M Maymon</u>	<u>401 E Hallandale Beach Blvd</u>	<input type="checkbox"/> Add
		<u>Hallandale, FL 33009</u>	<input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Nadav Biton</u>	<u>4916 SW 35th Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>Ft. Lauderdale, FL 33312</u>	<input type="checkbox"/> Remove
<u>P</u>	<u>Eli Biton</u>	<u>4916 SW 35th Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>Ft. Lauderdale, FL 33312</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: 3/14/14 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 12, 2014

Signature of a member or authorized representative of a member

SHARON R. MAYMON - PRESIDENT

Typed or printed name of signer