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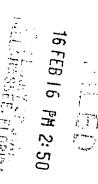
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Cape Smoker, 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:
Taher Shriteh Name of Person
Firm/Company
618 Cooper St.
Punta Gorda, FL 33950 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Takes Shriteh Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secutificate of Status Status Secutificate of Stat
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

Cape SmoKes, 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 1/31/2014 and assigned lorida document number L 14 0000 1 7.7 7 7
this amendment is submitted to amend the following:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Coper Sti Runta Gordon, FL 33950
B. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida, Florida, Florida
lew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 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>	<u>Address</u>	Type of Action	
			Add	
			☐ Remove	
			Remove	
			Change	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I'd like only to change the name of
the LLC from Cape Smokes, LLC & to new name: Orange Wholesale.
To new name: Orange Wholesale.
Every thing else should be the same.
Thank: you
- I'm the owner of Orange Wholesels LLC
and Cape Smokes LLC
I have alread disolved Orange Wholesale by filing
online (enclosed a copy of the dissolution). I, also, would like refter that to use the name
Ovange Wholesale to replace my other LLC
Care Smoker. Please, call me it you want
at my cellphone 941-204-04-04
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(by Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 2/10/2016
Signature of a member or authorized representative of a member
Taker Shriteh
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



Dissolution Online Filing

Document Number L14000034278

Thank you for filing your dissolution online, Your document filed date will be today's date if there are no processing errors.

Your confirmation number is 100282045751.

Your charge amount is \$25.00.

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State of Florida, Department of State

To:18502456030

2/18/2016

Dear Yasemin Sulker

I dissolved my company Orange Wholesale, LLC Document Number L14000034278. I have no intention to reactivate it.

Thank you very much for your help

Taher Shriteh, President

Cell 941 204 0404

Email: tshriteh@gmail.com

