L14000057065

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JUN 0 5 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bang Town Movellies and smoke Stop 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:
Daniel Lee Shmelt Name of Person
Bong Town Novellies and smake Shop LLC
3341 Elsic Court
Jacksonville Florida 32226 City/State and Zip Code D. Stingett 87 @ gmail - com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Lee Stanett at (904) 418-1944 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

me 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 4-25-20 20 and assigned Florida document number L14000057065 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida _ City

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 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 Title Name <u>Address</u> Type of Action ______ Remove _____ □Remove ________ □Change ______ Change

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fan effective date is Sote: If the date i	other than the date listed, the date must be spenserted in this block do we date on the Departm	ecific and cannot be process not meet the app	licable statutory fili	(option of the control of the	onal) filing.) Pursuant to 605 s date will not be list	5.0207 ed as
record specifies a l is filed.	delayed effective date.	, but not an effective	e time, at 12:01 a.m	on the earlier of: (b.) The 90th day afte	r the
ated		Ling Job and March of au	tend	e of a member		
	Dan	, 61	nell			

Filing Fee: \$25.00