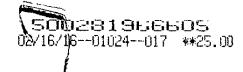
L14000081164

(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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15 APR II AM 9: 25
SECKETARY OF STAFE
ANASSEE: FLORID

J. HARRIS

COVER LEATER

Division of Co	rporations ,		
Smokeinn SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresponding	ondence concerning this matter	to the following:	
	Kevin Bennett		
		Name of Person	
	Bennett Law Firm, LLC		
		Firm/Company	
	301 W. Atlantic Ave. Ste 0	0-8	
		Address	
	Delray Beach, FL 33444		
		City/State and Zip Code	
	kbennett@thebennettlawfir		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Kevin Bennett		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

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



February 18, 2016

KEVIN BENNETT BENNETT LAW FIRM LLC 301 W ATLANTIC AVE STE 0-8 DELRAY BEACH, FL 33444

SUBJECT: SMOKEINN.COM LLC Ref. Number: L14000081164

We have received your document for SMOKEINN.COM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00003414

16 APR II AM 9: 25
SECKLEDRY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION , OF

Smokeinn.com LLC						
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our (Company)	records.)		_	
The Articles of Organization for this Limited I		filed on		and	assign	ned
Florida document number L14000081184	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liability co	ompany here:				
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designatio	n "LLC" or the ab	breviation	ı "L.L.(1 12
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE	ET ADDRESS)					
					5	
	- -	···			APR	an agen
				套	×	E g name
Enter new mailing address, if applicable:				70.25	*****	(t) ar
(Mailing address MAY BE A POST OFFICE	<u></u>			135-7.	<u></u>	
				- H	-	Summerical Fig. 18
				22.2	÷	
B. If amending the registered agent and	Var registered office o	addrace on our r	acarde antar		N Maria	the new
registered agent and/or the new registered of		idaress on our r	ecorus, <u>enter</u>	ine man	iie oi	the new
	Bennett Law Firm, LI	C				
Name of New Registered Agent:	Defined Law 1 mm, LE			.		
New Registered Office Address:	301 W. Atlantic Ave S	Ste 0-8				
		Enter Florida street	address			
	Delray Beach		, Florida	444		
€+	C	ity		Zip Ce	ode	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
		-	<u>∵</u> □ Change
			TO Add
			20° AFR
			Remove Re
			22
			Add
			☐ Remove
			Change

ffective date, if other than the date of filing: 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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a mymber or authorized representative of a member LECT APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber or authorized representative of a member LYPE OF APP Signature of a mymber of authorized representative of a mymber of	We compare the same to street th					
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