

10/27/21, 5:30 AM

Division of Corporations

L15000019971

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LAW OFFICES TONY PORNPRINYA
Account Number : 120010000164
Phone : (305)893-8989
Fax Number : (305)891-7717

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

Email Address: sameh95@hotmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COTTON WAVES SMOKE, LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

OCT 29 2021
S. PRATHEP

2021 OCT 28 AM 11:59

TALLAHASSEE, FLORIDA

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2021 OCT 28 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** COTTON WAVES SMOKE, 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:

Tony Pornprinya

Name of Person

Firm/Company

1555 NE 123 Street

Address

N Miami, FL 33181

City/State and Zip Code

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

For further information concerning this matter, please call:

Tony Pornprinya

at (305)

893-8989

Name of Person

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COTTON WAVES SMOKE, 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 January 23, 2015 and assigned
Florida document number 115000019971

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 "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)

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:

Samah Zahran

New Registered Office Address:

15324 SW 21 Street

Enter Florida street address

Miramar

City

Florida 33027

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

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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>	<u>Type of Action</u>
MGR	Faten Saleh	16538 Mariposa Circle S	<input type="checkbox"/> Add
		Pembroke Pines FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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