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Office Use Only



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COVER LETTER

TO: Registration Set Division of Cor		
Astronaut	s Smoke Shop, LLC	جے خبے م
SUBJECT:		
	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	omitted Liability Company omitted for filing. to the following:
	Lee Casrto	,
		Name of Person
	Astronauts Smoke Shop,	LLC
		Firm/Company
	600 NW 159 LN	
		Address
	Pembroke Pines, FL 3302	28
		City/State and Zip Code
	spacedoutformunchies@g	
	E-mail address: ((to be used for future annual report notification)
For further information c	oncerning this matter, please c	all:
Lee Castro		954 815-1946
	<u> </u>	at ()
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:
Registration S Division of C		Registration Section
P.O. Box 632		Division of Corporations The Centre of Tallahassee
Tallahassee, 1		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 Jan 27 PH 1-17 Astronauts Smoke Shop, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) May 26, 2015 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L15000091457 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Spaced Out Munchies, LLC 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) 15757 Pines Blvd Enter new mailing address, if applicable: Suite 751 (Mailing address MAY BE A POST OFFICE BOX) Pembroke Pines, FL 33027 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
			□Change
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			Remove
		·	□Change
			□Add
			Remove

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	-				
Note: If the date insert	r than the date of filia the date must be specific ared in this block does not the on the Department of	meet the applicabl	date of filing or more the statutory filing req	(optional) nan 90 days after filing.) juirements, this date v	Pursuant to 605,0207 vill not be listed as
record specifies a dela	yed effective date, but no	ot an effective time	;, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
rd is filed.		2020			
rd is filed. January 22	1	2020			
rd is filed.					
rd is filed. January 22					

Filing Fee: \$25.00