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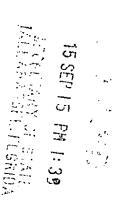
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	NLIMITED, LLC		
Sobject,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	THOUHIDUL KHAN		
Division of Corporations SMOKE UNLIMITED, 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: THOUHIDUL KHAN Name of Person SMOKE UNLIMITED, LLC Firm/Company 881 WEST PALM DRIVE Address FLORIDA CITY, FL-33034 City/State and Zip Code K.THOUHID@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOUHIDUL KHAN 305 562-3597 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee}			
	SMOKE UNLIMITED, LI	LC	
		Firm/Company	
	881 WEST PALM DRIVE		
	Division of Corporations SMOKE UNLIMITED, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: THOUHIDUL KHAN Name of Person SMOKE UNLIMITED, LLC Firm/Company 881 WEST PALM DRIVE Address FLORIDA CITY, FL-33034 City/State and Zip Code K.THOUHID@GMAIL.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: OUHIDUL KHAN Name of Person 1056-3597 at (
	FLORIDA CITY, FL-3303	4	
	-	City/State and Zip Code	
	K.THOUHID@GMAIL.CO)M	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
THOUHIDUL KHAN			
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	Certified Copy	Certificate of Status &

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

SMOKE UNLIMITED, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company	y as it now appears on our records)	
(Name of the Limited Liability Compan (A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "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 offi registered agent and/or the new registered office address here:	ce address on our records, enter t	he name of the new
Name of New Registered Agent:	34 48	
New Registered Office Address:		<u> </u>
	Enter Florida street address , Florida	- CO
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pr	erformance of my duties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
AMBR	MOSHAMED NIRU	14119 SW 155TH TERR.	
	,	MIAMI, FL-33177	■ Remove
			Change
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06/28/2015	<u> </u>	 ಎ ಖ
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.) Pursuan	t to 605 02
<u>fote:</u> If the date inserted in this block does not meet the applicable statutory fill ocument's effective date on the Department of State's records.	ing requirements, this date will not	be listed
·		
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the	earlier
ated Sept. 10th , 2015.		
W 1.1 W		
Signature of a member or authorized representati		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00