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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	Hookah Xp	ress Miami LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		Juan Mendoza		
			Name of Person	
	Hookah Xpress Miami LLC			
			Firm/Company	
		13731 NW 20th ST		
			Address	
		Pembroke Pines, FL 33028	3	
			City/State and Zip Code	
		hookahxpressmiami@gmail	l.com to be used for future annual report notifi	4:
For further i	nformation co	e-mail address: (·	cation)
Juan Mendo			305 409-5799 at ()	Telephone Number
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hookan Xpress Miami LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our Company)	records.)
The Articles of Organization for this Limited Liability Company were	filed on 7/20/2015	and assigned
Florida document number L15000123414		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u>, , ,</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our re	ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
Two Registered Office Address.	Enter Florida street	address
	, Florida	
\overline{c}	ty	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to a		
provisions of all statutes relative to the proper and complete perfo accept the obligations of my position as registered agent as provia		
being filed to merely reflect a change in the registered office addre	ess, I hereby confi	rm that the limited liability
company has been notified in writing of this change.		SA T

If Changing Registered Agent, Signature of

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>	Address	Type of Action
MGR	HUGO D BECERRA	13731 NW 20th ST	■ Add
		PEMBROKE PINES, FL 33028	□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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	ist be specific and cannot be prior to date	of filing or more than 90 day	(optional) s after filing.) Puts, this date wil	rsuant to 605.0 1 not be listed
ective date, if other than the effective date is listed, the date muse: If the date inserted in this burnent's effective date on the E	Department of State's records.			
effective date is listed, the date mu e: If the date inserted in this b ument's effective date on the D record specifies a delaye	Department of State's records. ed effective date, but not an	effective time, at 12	:01 a.m. on	
effective date is listed, the date mu e: If the date inserted in this b ument's effective date on the D record specifies a delaye he 90th day after the rec	Department of State's records. ed effective date, but not an	effective time, at 12	:01 a.m. on	the earlier
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effective date is listed, the date mu e: If the date inserted in this b ument's effective date on the E record specifies a delaye he 90th day after the rec	Department of State's records. ed effective date, but not an cord is filed.	effective time, at 12		the earlie

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Filing Fee: \$25.00