

LI400009246308

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (713) 429-1276

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR MMG RESIGN
HOOKAH ENTHUSIASTS, LLC**

Certificate of Status	0
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2016 APR 18 AM 10:11
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APR 19 2016
J. HARRIS

(((H16000092463 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOOKAH ENTHUSIASTS, 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 03/07/2016 and assigned
Florida document number L16000047408.

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 "LLC."

Enter new principal offices address, if applicable:

206 Antigua Rd.

(Principal office address MUST BE A STREET ADDRESS)

Tavernier FL 33070

Enter new mailing address, if applicable:

206 Antigua Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Tavernier FL 33070

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:

MIKE BLACKSTONE

New Registered Office Address:

206 Antigua Rd.

Enter Florida street address

Tavernier

City

, Florida 33070

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

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>
AMBR	MIKE BLACKSTONE	206 Antigua Rd.	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Tavernier FL 33070	<input checked="" 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

f. Effective date, if other than the date of filing: _____ (optional)

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 04/13 2016

MA 2A
Signature of a member or authorized representative of a member

MIKE BLACKSTONE AMBR

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA