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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
	REAMS SMOKESHOP LLC		
SUBJECT:	Name of Lim	ited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GABRIEL S AWAD		
		Name of Person	
	LIFTED DREAMS SMOK	KESHOP LLC	
		Firm/Company	
	1829 SW 8TH STREET #	1829A	SEC SEC
		Address	
	MIAMI, FL 33135		AUG 19 ANASSE
	<u> </u>	City/State and Zip Code	To P
	LIFTEDDREAMSSMOKE	-	or w
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	ST 9
GABRIEL S AWAD		305 562-4345	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
			•
Enclosed is a check for t			
■ \$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)
Regist Divisi P.O. I	tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFTED DREAMS SMOKESHOP LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/19/2016	and assigned
Florida document number L16000077137		
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" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- Amplitus	
Principal office address MUST BE A STREET ADDRES.	<u>s</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	City	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 amonding 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	GABRIEL S AWAD	1829 SW 8TH STREET#1829A	⊒ Add
		MIAMI, FL 33135	Remove
			Change
AMBR	GABRIEL S AWAD	1829 SW 8TH STREET #1829A	■ Add
		MIAMI, FL 33135	□ Remove
			☐ Change
AMBR	WALID AWAD	1829 SW 8TH STREET #1829A	_
		MIAMI, FL 33135	□ Remove
			Change
			SECON
			AUASSEE, AIIASSEE,
			THE GRANGED ORDER ARREST AR
			□ Remove
			Add
			Remove
			Change

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fective date, if other than t	he date of filing:		(ор	tional)
on effective date is listed, the date to the late in this offer. If the date inserted in this	must be specific and cannot s block does not meet the	be prior to date of filing applicable statutory	or more than 90 days aft filing requirements, th	ter filing.) Pursuant to 605 his date will not be list
ocument's effective date on the				
record specifies a delay The 90th day after the r	ecord is filed.	out not an effect	ve time, at 12:01	a.m. on the earli
ated 08/16/2011	·	·		
-				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00