

L16000176888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

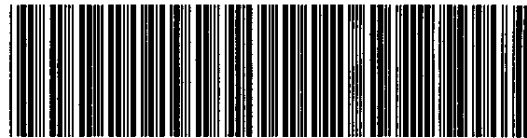
(Document Number)

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09/30/16--01023--021 \*\*25.00

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2016 OCT 17 PM 3:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
OCT 17 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2016

GLASS ROOTZ SMOKESHOP, LLC  
RACHEL CRAIG  
132 49TH ST. S  
ST. PETERSBURG, FL 33707

SUBJECT: GLASS ROOTZ SMOKESHOP ,LLC  
Ref. Number: L16000176888

RECEIVED  
2017 OCT 17 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for GLASS ROOTZ SMOKESHOP ,LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing two pages. Enclosed are the missing pages for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 716A00021244

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Glass Rootz Smokeshop, 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:

Rachel Craig  
Name of Person

Glass Rootz Smokeshop, LLC  
Firm/Company

132 49th St. S  
Address

St. Petersburg, FL 33707  
City/State and Zip Code

glassrootzsmokeshop727@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Craig at (727) 422-4877  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Glass Rootz Smokeshop

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 OCT 17 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/21/16 and assigned  
Florida document number L16000176888.

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 "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 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

\_\_\_\_\_, Florida

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 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>
MGR	Devon Turner	132 49th Street South	<input type="checkbox"/> Add
		St. Petersburg, FL, 33707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rachel Craig	132 49th St. S.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2018 OCT 12 PM 3:34  
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TALLAHASSEE, FLORIDA

2016 OCT 17 PM 3:34  
STATE OF FLORIDA  
S. JEFFREY  
TALLAHASSEE, FLORIDA

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2016 OCT 17 PM 3:34  
CLERK OF DISTRICT COURT  
TALAHASSEE, FLORIDA

**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.

Dated ~~10/14/16~~ October 14, 2016.

*Rachel CG*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Rachel Craig  
Typed or printed name

Typed or printed name of signee