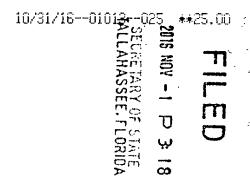
# 116000194523

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			

Office Use Only



100291023151



D. BRUCE NOV 0 2 2016

# **COVER LETTER**

The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·	
Please return all correspondence	ndence concerning this matter	to the following:		
	Wallace So	h n SU n		
	Stu77 2	Py77 Smol	ce Shop	
	1527 N.W.	119 Street	Suite A	
	North Mimir Jalexander	Eity/State and Zip Code  MiAmi Ocol.  to be used for future annual report no	COY	
For further information c	oncerning this matter, please ca	·	,	
Wallace Joh	ngon George	at ( <u>786)</u> <u>651</u> Area Code Dayti	7586 OF c. 315	793-3104
Enclosed is a check for the		Aca Code Dayii	me Telephone Number CRETARY C	FL
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	S60.00 Filing Feb, Certiferic of Suprus	, П О

(additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certifical Copy\_

(additional copy is nclosed)

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

# ARTICLES OF AMENDMENT

### CONTROLL STORK

# ARTICLES OF ORGANIZATION OF

Stuff 2 Puff Smole Shop

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

(A Florida Limited Liability Company)

ne Articles of Organization for this Limited Liability Company were filed on Whole 29 20 Land assigned
orida document number <u>L 16000 194523</u> .
nis amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
rincipal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
lailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here:
Name of New Registered Agent: Latasha Alexander Agent: Latasha Alexander Agent:
New Registered Office Address:    UN
MiAmi Burders, Florida Street address, Florida Street address, Florida Street address 33454
w Registered Agent's Signature, if changing Registered Agent:
pereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

		nanage, <u>enter the title, name, and address of</u> <u>ATTER</u>	
MGR = Ma AMBR = Au		•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wallace Johnson	Man Garden, Fl 32	Add
Will (		Miami Garden, Fl 33	054 □ Remove
			Change
			□ Add
	•		□ Remove
			Change
			Add
			□ Remove
			Change
			SSER D Remove
			CORNER D'Change
			Add
			Remove
			Change
	<del></del>		
			☐ Remove
			Change

		2-7		***	
:					
			•		
		<u> </u>		.,	
	•				
•	<del> </del>	<del></del>			
		•			
,					
_		·····			
			•		
					· <del></del>
_					
	· · · · · · · · · · · · · · · · · · ·				
		Mil	20 00110	TAL SI	28:
Effective	e date, if other than the date ive date is listed, the date must be sp	of filing: [[]] of filing:	date of filing or more than 90	(optional)	=
Note: If	the date inserted in this block do	oes not meet the applicable			
documen	t's effective date on the Departn	nent of State's records.		SEE 7	- 1
				7,00 T	7 [
the reco	rd specifies a delayed effe Oth day after the record is	ctive date, but not a	in effective time, at	12:01 a.m. of the	earlie
, 1116.3	our day arter the record is	ineu.		IDA II	
	Dalabar 210			~ Co	
Dated	CTUDE!	7. 2014	•		
	X//h. /	//00			
	- / ////www.signal	thre of a member or authoriz	ed representative of a memb	per	
	4	4			
		/1 ·			

Page 3 of 3

Filing Fee: \$25.00