

L17000034177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
19 OCT 15 AM 8:58

Amend

10/15/2019

D CUSHING

CONTACT AND RETURN ADDRESS INFORMATION:

VENELEGAL

Attn.: Vicente Rafael Perez

3956 Town Center Boulevard, Suite 207.

Orlando, FL 32837

Telephone: 407-953-7883

Email: info@venelegal.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KISSIMMEE SMOKE SHOP AND C-STORE, 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:

VICENTE RAFAEL PEREZ CARRENO

Name of Person

VELEGAL.

Firm/Company

3956 Town Center Boulevard, Suite 207

Address

Orlando, FL 32837

City/State and Zip Code

info@venelegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICENTE RAFAEL PEREZ CARRENO

407

385-6388

at ()

Name of Person

Area Code

Daytime Telephone Number

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DIVISION OF STATE
CORPORATIONS
19 OCT 15 AM 8:58

Enclosed is a check for the following amount:

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

KISSIMMEE SMOKE SHOP AND C-STORE 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 02/13/2017 and assigned
Florida document number L17000034177.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Not applicable

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Not applicable

Not applicable

Not applicable

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3956 Town Center Blvd.

Suite 296

Orlando, FL 32837

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:

VENELEGAL

New Registered Office Address:

3956 Town Center Blvd. Suite 207

Enter Florida street address

Orlando

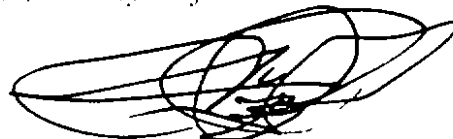
Florida 32837

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	TOBON, NANCY	1035 Darlington CT. Kissimmee, FL 34758	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEREZ CARRENO, VICENTE RAFAEL	3956 Town Center Boulevard. Suite 207, Orlando, FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SILEN, ELISA	3956 Town Center Boulevard. Suite 296, Orlando, FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GONZALEZ PEREZ, HECTOR ALEJANDRO	3956 Town Center Boulevard. Suite 296, Orlando, FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GONZALEZ PEREZ, LUIS FERNANDO	3956 Town Center Boulevard. Suite 296, Orlando, FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NOT APPLICABLE	NOT APPLICABLE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

10/15/2019

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

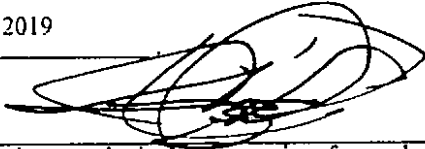
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated October 9 _____, 2019



Signature of a member or authorized representative of a member

VICENTE RAFAEL PEREZ CARRENO

Typed or printed name of signee

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

10/15/2019

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 9 _____, 2019



Signature of a member or authorized representative of a member

VICENTE RAFAEL PEREZ CARRENO

Typed or printed name of signer