

L17000053876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

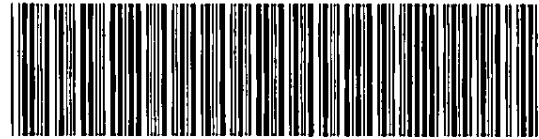
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 13 A 1:24

FILED

T. LEMIEUX
MAY 2 2019

T. LEMIEUX
MAY 23 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROLLEYS SMOKE SHOP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARLENE TOVAR

Name of Person

ROLLEYS SMOKE SHOP LLC

Firm/Company

2293 BREMEN COURT

Address

PUNTA GORDA, FL 33983

City/State and Zip Code

mhees10076@comcast.net

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

For further information concerning this matter, please call:

Marlene Tovar

941 286-0079

at ()

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 &
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

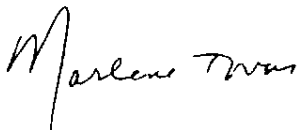
MARLENE TOVAR
2293 BREMEN COURT
PUNTA GORDA, FL 33983
941-286-0079

TO WHOM IT MAY CONCERN,

RE: ROLLEYS SMOKE SHOP LLC - L17000053876

As I have been and continue to remain the registered agent for this company, I am no longer a member of this company as of 12/31/2017. I apologize as it has come to my attention that I never made the change when I filed for the annual report renewals. Please feel free to call me if you have any questions or if there is something further that you need.

Sincerely,

A handwritten signature in cursive script that reads "Marlene Tovar".

Marlene Tovar

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROLLEYS SMOKE SHOP LLC

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

FILED

2019 MAY 13 A 1:24

The Articles of Organization for this Limited Liability Company were filed on 03/08/2017 and assigned
Florida document number L17000053876 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	MARLENE TOVAR	2293 BREMEN COURT PUNTA GORDA, FL 33983	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1

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

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 MAY 9TH . 2019

CLINT HEESEMAN

Filing Fee: \$25.00