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COVER LETTER

Divi	sion of Cor	porations		
SUBJECT:	ROLLEY	S SMOKE SHOP LLC		
obsider.		Name of Limi	ited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub-	mitted for filing.	•
Please return	all correspo	ndence concerning this matter	to the following:	
		MARLENE TOVAR		
			Name of Person	
		2293 BREMEN COURT	Firm/Company	•
		PUNTA GORDA, FL 3399	Address 83	<u></u>
		mhees10076@comcast.net	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifica	ation)
For further inf	formation co	oncerning this matter, please ca	M:	
MARLENE 1	TOVAR		941 286-0079	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is a c	check for th	e following amount:		
■ \$25.00 Fil	ling 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)

MAILING ADDRESS:

TO:

Registration Section

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

ROLLEYS SMOKE SHOP 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 03/08/2017 and assigned Florida document number [L17000053876 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUNZET SMOKE SHOP LLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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>	Name	Address	Type of Action
AMBR	MARLENE TOVAR	2293 BREMEN COURT PUNTA GORDA, FL 33983	■ Add
			☐ Remove
			☐ Change
			Remove
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ective date, if other than the neffective date is listed, the date must	date of filing:		(optional)	
n effective date is listed, the date must te: If the date inserted in this blo cument's effective date on the De	ck does not meet the ap	plicable statutory filing	g requirements, this date wil	I not be listed a
record specifies a delayed The 90th day after the reco		not an effective t	me, at 12:01 a.m. on	the earlier
OCTOBER 9TH	2019			
-		_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00