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S. WARREN JUL 0 6 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Premier Tobacco Products LLC Name of Limited Liability Company
. Same of Families Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gustave Nin
Name of Person
Premier Tobacco Products LLC Firm Company
10021 SW 97 Ct.
Migmi Fl 33176
Migmi Fl 33176 City State and Zip Code gustavonin II @gmail- Com E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Gustque Nin at (305) 490-4210 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee SCO.00 Filing F

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 ARTÍCLES OF ORGANIZATION **OF**

Premier Tobocco Product	3 LLC
Vienter Tobocco Product. (Name of the Limited Liability Compar (A Florida Limited L.)	.ny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Horida document number <u>L 170000 61612</u> .	were filed on $3/30/17$ and assigned
This amendment is submitted to amend the following:	
-	
A. If amending name, enter the new name of the limited liabi	 . _
Smoking Thrones LLC. The new name must be distinguishable and contain the words "Limited Liability".	
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIÀ
Principal office address MUST BE A STREET ADDRESS)	
	··
Enter new mailing address, if applicable:	<u>NIA</u>
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the
registered agent and/or the new registered office address here	
	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: N/ A	
	Enter Florida street address
	. Florida
	Cuy 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 🗖 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 = M						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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ctive date, if othe	r than the date of fili	ng·	(a	antional)
effective date is listed.	, the date must be specific a	and cannot be prior to date of	of filing or more than 90 days	after filing.) Pursuant to 60
	ed in this block does not ite on the Department of		tutory filing requirements.	, this date will not be lis
ment sericetive da	ne on the Department of	i State's records.		
	a delayed effective er the record is filed		ffective time, at 12:0)1 a.m. on the earl
c John day alte	a the record is filed			
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•	28,	<u>2017</u> .		>- //
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	Gustan M.	<u> </u>		
	A hotan M. Signature of	a member or authorized re	presentative of a member	-3
				3 7
enutb			presentative of a member	mr. (T

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Filing Fee: \$25.00