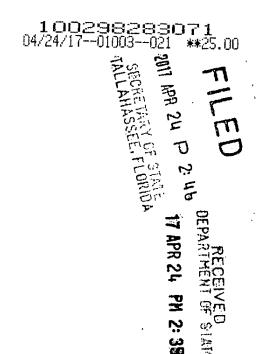
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Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE APR 24 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Smokers Escape 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:	
Gilbert Martinez	
Firm/Company	٠.
1500 Firewheel Drive	
Wesley Chapel F 133543 3 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	FILEU
E-mail address: (to be used for future annual report polification)  For further information concerning this matter, please call:	
Gilbert Martinez at (43) 470-2897- Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \( \text{Certificate of Status} \) \( \text{Solon Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \) \( \text{Certified Copy (additional copy is enclosed)} \)	

#### 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

Simple	E E E E E E E E E E E E E E E E E E E	C
(Name of the Limited	Liability Company as it now appears on our re	ecords.)
(A	Florida Limited Liability Company)	·
The Articles of Organization for this Limited Liab	oility Company were filed on 4113	2017 and assigned
Florida document number LI 10008	1298.1	
This amendment is submitted to amend the follow	ing:	•
A. If amending name, enter the new name of the	ne limited liability company here:	•
		,
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	ALES Z
	•	<u> </u>
		ART SSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	STATE L
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		~
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	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 Title **Address** Type of Action Name Gilbert Martine 1500 Firewheel Dr X Add Wesley Chapel, Fl 33543 O Rem ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove U ☐ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00