

17000164299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

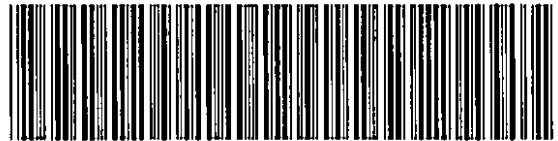
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700316641407

08/10/18--01030--011 **25.00

FILED
18 SEP -4 PM 12:45
CLERK OF SUPERIOR COURT
JANUARY 10, 2019

NS
SEP 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2018

NORMA PEREZ
3313A S. ORNAGE BLOSSOM TRL
KISSIMMEE, FL 34746

SUBJECT: BLUE DREAMS SMOKE SHOP LLC
Ref. Number: L17000164299

We have received your document for BLUE DREAMS SMOKE SHOP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00016923

NOTED
2018 SEP-14 PM 3:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Dreams Smoke Shop 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:

Norma I. PEREZ
Name of Person
Blue Dreams Smoke Shop LLC
Firm/Company
3313 A. S. Orange Blossom Trail
Address
Kissimmee, FL. 34746
City/State and Zip Code
Normaperez287@yahoo.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norma Perez at (407) 873-4928
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
already been sent
- ☐ \$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:
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**

Blue Dreams 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 8/2/17 and assigned Florida document number L17000164299.

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 "LLC."

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:

Norma I. Perez

New Registered Office Address:

3313A. S. Orange Blossom Trail

Enter Florida street address

Kissimmee,

Florida

34746

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.

Norma I. Perez

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	Antonio Bernabe	2509 Hybrid Ct.	<input type="checkbox"/> Add
		Kissimmee, FL 34758	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SEP -4 PM 10:49
FBI
LABORATORY

FILED
SEP - 4 PM 12:49
18
FBI - TAMPA
TAMPA, FLORIDA

(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)

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

Dated

8/28

2018

Norman J. Perez
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Norma I. Perez

Typed or printed name of signee