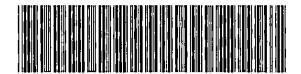


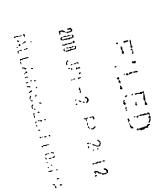
(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





500307129595

01/03/18-+01025--019 **25.00



COVER LETTER

	istration Sec ision of Corp							
SUBJECT:	West Tampa	Smoke Shop, LLC						
		Name of Lim	ited Liability Company					
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspor	ndence concerning this matter	to the following:					
		Janna Cantero						
	Name of Person							
		West Tampa Smoke Shop, LLC						
Firm/Company								
	2526 W Tampa Bay Blvd							
		Address						
		Tampa, FL 33607						
	City/State and Zip Code							
JannaCanteropa@gmail.com E-mail address: (to be used for future annual report notification)								
				mai report notifica	tton)	17.1	90 1 ₇ 2	
For further in	tormation co	oncerning this matter, please ca	all:				4-	
Janna Canter			813 at()	735-0218			77 J. 1. 1 - 2	TEN
	Name of	Person	Area Code	Daytime To	elephone Number	MI Day of the story	.47	5
Enclosed is a	check for the	e following amount:				104	2:12	
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing F Certified Copy (additional copy is	•	Certified	ing Fee, e of Status	&	

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

Social Smoke LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our reco ted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	any were filed on 12/12/2017	and assigned
Florida document number L17000254180		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
West Tampa Smoke Shop, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
realing address for a second second		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address t		
		7. 29
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street addi	Florida Top Code
		Florida E
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	2

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	Christian Pena	12006 Tuscany Bay Dr	
		Unit 204	Пр
		Tampa, FL 33626	☐ Change
			
			☐ Remove
			□ Change
			☐ Remove
			□ Change
			□ Add □ Remove
			Change
			— ☐ Add
			☐ Remove
			□ Change
			
			☐ Remove
			Change

***				······································			-
						<u>.</u>	-
							_
							-
							-
							-
				<u> </u>		·	_
	<u> </u>			•		···	-
							-
							-
							-
							•
,							-
		.					•••
					1	2018	~
					1		
		***		- <u>-</u>	ا ساد 	د) موم.	-
				·	- 	(5)	•
					ALL MASSICE		-
fective date, if other than the da	ate of filing:			(o)	11.	- []	-
n effective date is listed, the date must be ste: If the date inserted in this block	e specific and ca k does not mee	annot be prior to et the applica	o date of filing or n ble statutory filin	ore than 90 days a	otional) ter filing.) Pu his date wil	irsuant to 60	5 020 ted a
n effective date is listed, the date must bote: If the date inserted in this block cument's effective date on the Department of the period of	e specific and ca k does not met artment of Stat effective dat	annot be prior to et the applica te's records.	ble statutory filir	ore than 90 days a g requirements,	otional) for filing.) Pu his date wil	irsuant to 60 I not be dis	ted a
n effective date is listed, the date must bote: If the date inserted in this block cument's effective date on the Department's effective date of the Department's effective date of the Department's effective date of the Department's effective date on the Department's effective date of the Department's effetive date of the Department's effective date of the Department's effetive date of the Department's effetive date of the Departmen	e specific and ca k does not met artment of Stat effective dat d is filed.	annot be prior to et the applica te's records.	ble statutory filir	ore than 90 days a g requirements,	otional) for filing.) Pu his date wil	irsuant to 60 I not be dis	ted a
the effective date is listed, the date must be one of the late inserted in this block cument's effective date on the Department's effective date on the Department of the Polician date of the Department of the Depart	e specific and cak does not med artiment of State effective dated is filed.	annot be prior to the applicate's records. te, but not 2017	an effective	time, at 12:0	otional) for filing.) Pu his date wil	irsuant to 60 I not be dis	ted a
Fective date, if other than the data in effective date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Department's effective date on the Department's defective date on the Department date of Departme	e specific and cak does not med artment of State effective dated is filed.	annot be prior to et the applicate's records. te, but not 2017 2017 mber or author	ble statutory filir	time, at 12:0	otional) for filing.) Pu his date wil	irsuant to 60 I not be dis	ted a

Page 3 of 3

Filing Fee: \$25.00